

@PEACE FLOATATION SPA CLIENT WAIVER

Name Cell Phone/Phone Carrier

Email City Zip

Referred By Birthday

Emergency Contact Contact Phone #

Are you currently menstruating, experiencing hair loss or any physical ailments?

1. I agree not to float if I am under the influence of drugs or alcohol.
2. I understand that using any self tanning products or hair coloring must be complete at least 48 hours prior to floating.
3. If I have a history of heart trouble, epilepsy, seizures or blackouts, I have received consent from my physician.
4. I agree to the mandatory 5-minute shower (full shampoo and body scrub) prior to floating, even if I have just showered prior to arrival. I agree to only use the soap and body wash provided prior to floating. Contamination of the spa water with outside products, bodily fluids, hair dye, etc. is my financial responsibility (up to a total of \$500).
5. I understand and will comply with the 24-hour rescheduling and cancellation policy. Up to 24 hours notice will be charged 50% of the service fee. No shows will incur the full service fee.
6. I am choosing to use the floatation spa of my own free will and agree not to hold the facilities, operators or owners liable for any injury to self or for loss/damage of personal items.
7. I understand that Massage Therapists are Independent Contractors and not employees of @Peace Floatation Spa.

By signing below, I agree to comply with all rules of the Spa.

Signature Date

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