

## **Elemental Float & Cryotherapy Flotation Therapy User Agreement**

At Elemental Float & Cryotherapy we make all reasonable efforts to ensure a comfortable, clean, and safe environment for you. As such, you may be provided the opportunity of using our flotation equipment. So that you have a comfortable and safe experience, please read the following information and sign your name and date to indicate your agreement and adherence with our policies and procedures. This waiver applies to the now contemplated float and all subsequent float experiences taken by the undersigned with Elemental Float & Cryotherapy.

1. I will NOT use the flotation tank:
  - a. With oils, creams or jewelry on my body;
  - b. If I have any communicable or infectious disease or illness, skin disorder, large cuts, open sores or wounds;
  - c. If I am under the influence of alcohol or drugs;
  - d. If I am epileptic, unless in the opinion of my physician, my epilepsy is under medical control so that I am in sufficient control of my seizures not to endanger myself in the flotation tank;
  - e. If I am pregnant, unless I have consulted and received permission from my physician;
  - f. If I suffer from diabetes, unless, in the opinion of my physician, my diabetes is under medical control so that I am in sufficient safety to use the flotation tank;
  - g. If I suffer or have suffered from chronic heart disease, unless, in the opinion of my physician, my chronic heart disease is under medical control so that I am in sufficient safety to use the floatation tank;
  - h. If I suffer or possess any sort of existing ear, nose, eye condition that may be irritated by properties within the float tank mentioned anywhere within this document.
  
2. I understand that the floatation tank uses Epsom salt (U.S.P. pharmaceutical grade magnesium sulfate), hydrogen peroxide cleaning products and natural enzymes, botanical extracts and non-toxic biodegradable cleaning products which will be in the water.
  
3. I hereby agree and understand that I shall have consulted with my own physician prior to using the flotation tank if I am currently taking any medication or under a physician's care for any reason.
  
4. Upon using this flotation tank, I absolve Elemental Float & Cryotherapy, Inc., and its employees and agents from any and all liability in connection with the use thereof whether such loss or damage be direct or indirect.
  
5. I agree to take full responsibility for my thoughts and actions while in the flotation tank and the waiver of liability and all agreements made herein shall apply to each use I make of the flotation equipment.
  
6. I understand that all of my personal possessions shall be secured with myself (alone), locked inside the "float suite" during my personal float session. Any loss or damage to any personal possessions of mine is not the responsibility or liability of Elemental Float & Cryotherapy, Inc.

7. Any products or incidentals (I.E. cotton swabs, towels, ear plugs, soap and shampoo) supplied by Elemental Float & Cryotherapy are used voluntarily and with full consent and a full knowledge of use.

**Requirements:**

- Clients are required to shower and shampoo before floating (Rinse soap off body thoroughly).
- Clients are required to use the washroom before floating.
- If a client contaminates the pool in any way they will be required to pay the cost of clean-up and refilling the float equipment with salt (\$500 - \$1000 depending on current cost of supplies).
- You must wait 48 hours after dying hair to float.

**Safety Agreement**

While every effort is made to protect the health and safety of guests using the facilities, it is expressly agreed that use of facilities undertaken by me is at my own risk, and Elemental Float & Cryotherapy, Inc. shall not be liable for any claims, damages, actions (or causes of actions) within the premises of “Elemental Float & Cryotherapy” and the VR Park Ridge complex located at 127 N Northwest Highway, Park Ridge, IL 60068.

ADA/Wheelchair Customers – It’s a requirement at Elemental Float & Cryotherapy that if you are constrained to a wheelchair and wish to utilize flotation therapy that you bring along with you a minimum of one helper to assist you entering and exiting the float tank/room. The helper(s) who are assisting are required to sign the customer’s same waiver form.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  Home  Work  Mobile

Email: \_\_\_\_\_

Elemental Float & Cryotherapy will never sell, exchange, share or release your personal information to any third parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MINORS ONLY: Emergency Contact** \_\_\_\_\_

**FOR MINORS ONLY: Parent/Legal Guardian Signature:** \_\_\_\_\_