



FLOAT TANK INTAKE & CONSENT

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Date of Birth: _____

Would you like to receive: [] Daily Email Availability [] Email On Our Specials
Email: _____

How Did You Hear About Us: [] Internet [] Drive By [] FaceBook [] Newspaper [] Direct Mailer [] Valpak
[] Spectrum [] Other _____ [] Referred By _____

Please list any allergies: _____

Please list any medications you are currently taking: _____

Please list any additional medical conditions: _____

- Check All That Apply: [] Fibromyalgia* [] Diabetes* [] Headaches/Migraines [] High Blood Pressure [] Asthma*
[] Lupus [] Blood Clots* [] Low Blood Pressure [] Arthritis [] Herpe*
[] Lymph edema [] Bone/Joint Disease* [] Rheumatoid Arthritis* [] Heart Condition [] Warts*
[] Anemia [] Kidney Problems [] Thyroid Condition [] Hemophilia [] HIV*
[] Hypoglycemia [] Depression/Anxiety [] Varicose Vein/Phlebitis* [] Tendonitis [] Cancer*
[] Epilepsy/Seizures* [] Rashes/Skin Condition* _____
[] Other _____

At Massage Chi Holistic & Fitness Center we make sure all reasonable efforts to ensure a comfortable, clean and safe environment for your floatation experience. To ensure you have a safe and comfortable floating experience, please read the following guidelines and policies. This consent form applies now to your first float and all floats after this one. The following list is to ensure your safety in your floatation service.

Facilities: Amenities provided include: robe, towel, washcloth, ear plugs, shampoo/body wash, and shower. Clients that have longer hair are recommended to tie their hair up for maximum floating comfort. It is up to each individual to take caution to prevent slipping or falling as floor surfaces may be wet. The facility is cleaned between each session. Additionally, the tank is fully filtered and sanitized between each session in accordance with the floatation tank community standards.

Initial _____ I understand that the float tank solution is not discarded between floats, but is filtered, sanitized and recycled; that our tanks are inspected between every single float; and that violation of any of these rules that results in contamination of the float tank solution will result in a cleaning/salt replacement fee of \$1000.

APPOINTMENT CANCELLATION POLICY: Advance 24 hour cancellation notice in writing is required for all appointments. If you provide less than 24 hours notice, you are responsible for the fee of your appointment service. Late arrival to you appointment will result in loss time and you will receive only the amount of time that remains of your scheduled appointment. If you do not show for your appointment you will be charged the full price for the service.

I agree to NOT use the float tank if:

- I have not showered thoroughly and still have oils, creams, or makeup on my body.
- I have had any type of hair color/treatment within the past two weeks.
- I am under the influence of alcohol or drugs.
- I have a communicable or infectious skin and/or foot condition, disorder, or diseases; or open sores.
- I am diabetic, unless my diabetes is under medical control and have not received my doctor's permission.
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission.
- I am experiencing a heavy menstrual period or external vaginal episode.
- I am pregnant and have not received my doctor's permission.
- I have a condition which may be adversely affected by cutaneous absorption of magnesium.
- I have kidney disease.
- I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind.
- I have any sort of existing ear, nose or eye condition that may be irritated with a float tank session.

I understand that the flotation tank uses Epsom salt, natural enzymes, botanical extracts and non-toxic biodegradable cleaning products which will be in the water and that some people may experience skim allergies or reactions. The flotation tank is used for relaxation purposes and needs to remain a quiet, tranquil environment. Please make every effort to be respectful and not disturb other clients while floating. Splashing kicking, talking or other disruptive behavior is not allowed. Children are not allowed in the floatation room while client is getting their service.

I am choosing to use floatation therapy of my own free will and will not hold the owner/operator or Massage Chi Holistic & Fitness Center liable for any injury during a session or while on the premises. Massage Chi HFC is not responsible for lost or stolen articles under any circumstances. I understand that some of Massage Chi services should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and in signing below I affirm that I have read this form in its entirety and understand its contents. I agree to keep Massage Chi HFC staff updated as to any changes in my medical profile and understand that there shall be no liability on Massage Chi HFC or its staff part should I fail to do so. I hereby waive and release Massage Chi HFC and its staff from any and all liability, past, present and future relating to services I receive. I understand that Massage Chi HFC staff reserve the right to refuse to give services based on my health and risk factors determined by industry standards. I agree to hold harmless Massage Chi HFC and its staff from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from the injury, death, accidental or otherwise during or arising in any way. I have read, understand and agree to all of the terms & policies listed above. This signed document represents an agreement between us, which you may revoke in writing at any time.

Signature: _____

Date: _____

MINOR CONSENT (Clients Under 18 Years Old)

I hereby give consent for my minor child to receive treatment from Massage Chi. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence for any future treatment sessions.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____