



# New Client Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  Male  Female  N/A

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**What areas of your life do you hope floating will help improve?** Check as many as needed

**PHYSICAL GOALS:**

- Increased Energy
- Alleviate Physical Pain
- Athletic Enhancement
- Rapid Physical Recovery
- Headache Relief
- Lower Blood Pressure
- Improve Sleep Quality
- Speed Jet-Lag Recovery

**MENTAL GOALS:**

- Increase Motivation
- Improve Concentration
- Improve Problem-Solving
- Increase Creativity
- Increase Intuition
- Meditation Practice
- Personal Growth
- Elevate Mood

**CLINICAL GOALS:**

- Stress Relief
- Reduce Stress-Related Illness
- Depression Relief
- Anxiety Relief
- PTSD Symptom
- Fibromyalgia Relief
- Eliminate Addictive Behaviors
- Eating Disorder

Any additional therapy goals not listed above: \_\_\_\_\_

If experiencing physical pain, where is this pain: \_\_\_\_\_

What do you currently do to alleviate the above concerns? \_\_\_\_\_

List anything that has not worked for you: \_\_\_\_\_

Are you currently taking any medications, supplements, or vitamins?  Yes  No

If yes, what and how often? \_\_\_\_\_

Please list any additional medical conditions: \_\_\_\_\_

\_\_\_\_\_

## Oly Float Liability Waiver & Professional Agreement

We want you to have an amazing and safe experience with us at Oly Float and request that you be aware of and agree to the following information and policies:

**Facilities:** Amenities provided include: robe, towel, washcloth, ear plugs, shampoo/body wash, and shower. 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 drained, filtered and sanitized between each session in accordance with the floatation tank community standards and will uphold all standards of the Floatation Tank Association.

**Fees:** Float sessions are 90 minutes. Fees vary based on the desired service package. These fees are subject to change. We require payment for services at the time of service.

**Cancellation Policy:** You must cancel scheduled sessions 24 hours in advance; otherwise, we may bill you for 50-100% of the normal session fee, even if the cancellation was unavoidable. Float Club Members and Series-holders may forfeit a float from their current balance in the event of cancelling within 24 hours or not arriving for their scheduled session.

### 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 condition, disorder, or diseases; or open sores.
- I am diabetic, unless my diabetes is under medical control.
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to use the floatation tank.
- I am experiencing a heavy menstrual period or external vaginal episode.
- 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.

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 may result in a cleaning or salt replacement fee of \$200-\$1000.

I am choosing to use floatation therapy of my own free will and will not hold the owner/operator or Oly Float liable for any injury during a session or while on the premises. Oly Float reserves the right to refuse service to anyone.

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 \_\_\_\_\_

Signature of Parent or Legal Guardian, if under 18: \_\_\_\_\_