Name:_____

Float Therapy Intake Form

At The Spa at Mirror Lake Inn, we want you to have an enjoyable and safe experience. We agree to provide all necessary amenities for your experience and pledge to thoroughly clean and sanitize our float room between sessions. Please feel free to ask us questions related to the experience and the outlines release form below.

Please note: For safety reasons, if you fail to come out of the float 15 minutes after your scheduled end time, and there is no response to other methods such as knocking on the door, we have the right to enter the float room. This is a last resort to ensure your safety and well-being.

Release; Assumption of Risk; Consent to Participation Float therapy is not intended to diagnose, treat, cure, mitigate, or prevent any disease. I understand that it is my responsibility to consult my primary care physician or appropriate, licensed health care practitioner for all my health concerns. I understand that no representations, claims or guarantees are being made as to any medical therapeutic benefit. I understand that some people may experience skin allergies, discomfort or other reactions to the tank solution.
For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby release, indemnify, defend, protect, and hold harmless The Cottage Corp./Mirror Lake Inn and all its employees, independent contractors, shareholders, officers, members, agents, and affiliates (collectively, the "Released Parties") from any and all claims I may have against them relating to my participation in Float Therapy. I knowingly, voluntarily, and expressly assume all risk of participation in float therapy and agree not to bring any legal claim against any of the Released Parties based on such participation.

I agree that I will **NOT** float:

-If I have a history of heart trouble, kidney trouble, diabetes, schizophrenia, epilepsy, seizures, blackouts, motion sickness, neuropathy or adverse reactions to deeply relaxed states and/or magnesium. Must be 3 weeks out from last chemo treatment.

-If I am pregnant in my first trimester or am over 32 weeks pregnant. Must be between 13 -31 weeks along.

-If I have a history of uncontrolled high or low blood pressure, I will consult with my doctor before floating and bring a doctor note to my appointment. Floating may lower blood pressure

-If I have any open sores.

-If I have any communicable or infectious disease, illness or skin disorders.

-If I am under the influence of any unprescribed medication, alcohol or drugs.

-If I have incontinence or voluntary/involuntary release of bodily fluids of any kind.

-If I have shaved within the last 36 hours.

-If I have gotten a tattoo within the last 30 days.

-If I have hair extensions. (I am aware that the salt would affect the integrity of the glue used for the extensions.)

-If I have any type of hair color, or keratin treatment within the past 3 weeks. Please contact us if you use temporary hair dye as we may need to postpone your float longer than 3 weeks.

- If I have received a spray tan or applied sunless tanner in the past 72 hours.

- If I have a condition which may be adversely affected by cutaneous absorption of magnesium sulfate (Epsom Salt) water solution.

INITIAL HERE _____

Please Initial the following after you have read each:

_____ I agree to shower with soap and shampoo thoroughly before every float session to completely remove all dirt and oil from my body. I understand that not doing this could contaminate the float water with oils, products, etc.

_____ The float tank is in a wet area and I will take extra precautions for my own safety. I assume any and all liability due to injury and/or damage resulting from any slip and fall incident.

_____ I am not currently menstruating, and if I am, I agree to use an insertable type of feminine hygiene product (tampon, cup, etc.)

_____ I understand that floating may lower my blood pressure, and I will take extra care standing up after my float. If I have a history of uncontrolled high or low blood pressure, I will consult with my doctor before floating and bring a doctor's note to my appointment.

_____ I understand there may be a fee up to $2500 if I release bodily fluids, voluntarily or involuntarily into the float tank.

_____ I agree that I do not have any physical conditions that would prevent me from getting myself in and out of the float tank. If I do have any, I understand that I must bring my own helper to assist me in and out of the tank.

_____ I am 18 years of age or older

_____ I have read, understand, and agree to all terms and policies listed above.

I agree to follow all rules and will not damage any property in the Float Room or Tank itself. I agree to pay for all damages that occur accidental or intentional. I understand that the violation of any of the rules stated that results in contamination of the float tank water may result in a cleaning and salt replacement fee of $2500. This includes but is not limited to discoloration of the tank from hair dye, spray/self-tanner, release of bodily fluids, etc.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Mirror Lake Inn Resort & Spa programs or accessing Mirror Lake Inn Resort & Spa facilities could increase the risk of contracting COVID-19. Mirror Lake Inn Resort & Spa in no way warrants that COVID-19 infection will not occur through participation in Mirror Lake Inn Resort & Spa programs of accessing Mirror Lake Inn Resort & Spa facilities.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above.

Client Name (print): _____ Date: _____

Signature: _____