

OLY FLOAT

Floatation Therapy is amazing for the majority of people. There are, however, some people who should not use Floatation Therapy and others who should use it with caution. The following check list helps you identify any considerations specific to you and requests you acknowledge and accept the risks, as few as they are, inherent in the use of Floatation Therapy.

Floatation Therapy Intake Form

1. Please enter your information.

First Name: _____ Middle Initials: _____ Last Name: _____ Date of Birth: _____

Gender: Female Male Nonbinary Transgender Other or Prefer Not to Say
Marital Status: Single Married Domestic Partner Separated Divorced Widowed

Street Address: _____ Apt./Unit #: _____ City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____ Preferred contact method: Mobile Phone Home Phone Work Phone Email

2. How did you learn about us? _____ Who referred you? _____

3. Emergency Contact: _____ Relationship: _____ Telephone #: _____

4. Have you used Floatation Therapy before?

Yes No

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

Physical Goals	Mental Goals	Clinical Goals
<input type="checkbox"/> Increased Energy	<input type="checkbox"/> Increase Motivation	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Alleviate Physical Pain	<input type="checkbox"/> Improve Concentration	<input type="checkbox"/> Reduce Stress-Related Illness
<input type="checkbox"/> Athletic Enhancement	<input type="checkbox"/> Improve Problem-Solving	<input type="checkbox"/> Depression Relief
<input type="checkbox"/> Rapid Physical Recovery	<input type="checkbox"/> Increase Creativity	<input type="checkbox"/> Anxiety Relief
<input type="checkbox"/> Headache Relief	<input type="checkbox"/> Increase Intuition	<input type="checkbox"/> PTSD Symptoms
<input type="checkbox"/> Lower Blood Pressure	<input type="checkbox"/> Meditation Practice	<input type="checkbox"/> Fibromyalgia Relief
<input type="checkbox"/> Improve Sleep Quality	<input type="checkbox"/> Personal Growth	<input type="checkbox"/> Eliminate Addictive Behaviors
<input type="checkbox"/> Speed Jet-Lag Recovery	<input type="checkbox"/> Elevate Mood	<input type="checkbox"/> Eating Disorder

6. Any additional therapy goals not listed above:

7. If experiencing physical pain, where is this pain:

8. What do you currently do to alleviate the above concerns?

9. List anything that has not worked for you:

10. Are you currently taking any medications, supplements, or vitamins you think we should know about?

- Yes No

In particular, if you take anything that manages cardiovascular function or risks loss of consciousness at any time please list those here

11. Please list any additional medical conditions you think we should know about:

12. Do you have any history of heart trouble, epilepsy, seizures, blackouts or any other condition that risks loss of consciousness?

- Yes No

If yes, you should not float until you have approval from your doctor to utilize floatation therapy.

13. Do you have any communicable or infectious skin condition, disorder, disease, or any open sores?

Yes

No

If yes, you will unfortunately not be able to utilize our float tanks.

14. Do you experience any form of incontinence (urinary or intestinal)?

Yes

No

If yes, you will unfortunately not be able to utilize our float tanks.

15. Have you received any form of chemotherapy (IV, oral or otherwise) in the last 30 days?

Yes

No

If yes, you are unfortunately not able to utilize our float tanks as the potential for cytotoxic exposure of others via the float solution is too high.

Floatation Therapy Waiver & 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 Association's standards and the Washington State Department of Health's regulations.

Fees:

Float sessions are either 60 or 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. 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 am diabetic, unless my diabetes is under medical control.
- I am not fully continent and don't have 100% control of my bladder and bowels
- I suffer from severe vertigo or motion sickness
- I am currently experiencing a heavy menstrual cycle
- I have received tattoos in the past 30 days
- I have received any form of chemotherapy in the past 30 days
- I have a condition which may be adversely affected by cutaneous absorption of magnesium.

___ 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 any form of contamination of the float tank solution may result in a cleaning or salt replacement fee of \$250-\$1200.

I acknowledge and accept the risks inherent in the use of Floatation Therapy. I voluntarily assume the risk of injury, accident or death, which may arise from the use of Floatation Therapy. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of Floatation Therapy and from any advice provided by an employee, independent contractor or any representative. I agree that this Intake and Waiver is in effect for all Floatation Therapy sessions and will not expire unless requested by either party. Oly Float Company, and its representatives, does not provide medical advice or treatment. Therapy use may or may not be appropriate for you. Please consult your health care provider for medical advice. The information provided is for general information purposes only and does not address individual circumstances or medical conditions. Do not attempt to self-treat any disease with Floatation Therapy.

Client Signature

Date