

Consent and Waiver

Name: _____ DOB: _____

Address: _____

Phone: (____) _____ Email: _____

Emergency Contact: _____ (____) _____

I understand that a medical evaluation is advisable before commencing any Free Your Mind, Body and Soul Wellness LLC service. I will continue to keep Free Your Mind, Body and Soul Wellness, LLC informed of any medical problems or change in my physical condition which may affect services that I have scheduled with Free Your Mind, Body and Soul Wellness, LLC. I acknowledge that neither Free Your Mind, Body and Soul Wellness, LLC nor its employees are engaged in diagnosing or treating medical disease or conditions.

I understand that any service I have scheduled with Free Your Mind, Body and Soul Wellness, LLC may carry risks. I recognize that as a result of these services, unpredictable side effects or injury may occur.

I expressly assume all risk to me associated with any services offered by Free Your Mind, Body and Soul Wellness, LLC and waive any claim which I might otherwise bring against Free Your Mind, Body and Soul Wellness, LLC, its officers, directors, shareholders, employees, or contractors as a result of injury or side effect resulting from or relating to my participation in one or more services.

Free Your Mind, Body and Soul Wellness, LLC shall not be responsible or liable for any article lost, stolen, or damaged in or about Free Your Mind, Body and Soul Wellness, LLC.

Free Your Mind, Body and Soul Wellness, LLC will not tolerate any inappropriate acts. I understand that my session will be terminated to any form of inappropriate behavior. We are committed to professionalism and expect the same from our clients.

Appointments must be cancelled 24 hours in advance. We reserve the right to charge a \$25 cancellation fee, even if the cancellation was unavoidable. You may forfeit a prepaid session from your account if you cancel with less than 24 hours notice, or do not arrive for your scheduled appointment.

Free Your Mind, Body and Soul Wellness, LLC services cannot cure, prevent, or treat any disease or health condition. Our services are not a substitute for medical treatment. If you have any health problems, issues, questions, or concerns, consult your qualified health care provider.

Name Printed: _____ Date: _____

Signature: _____

Employee: _____ Date: _____

Please affirm the following. I will NOT use the float pod 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 3 days.
- I have an unhealed tattoo.
- I am under the influence of alcohol or drugs.
- I have a communicable or infectious skin condition, disorder or diseases.
- I have open sores.
- I am diabetic, unless my diabetes is under medical control.
- I have a history of heart trouble, seizures or blackouts and have not received my doctor's permission to use the float pod.
- I am experiencing a heavy menstrual period or external vaginal episode that cannot be managed with a tampon or feminine cup.
- I have a condition which may be adversely affected by cutaneous absorption of magnesium.
- I have kidney disease and have not received my doctor's permission to use the float pod.
- I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind.
- I have dementia or Alzheimer's.

I understand that violation of any of these rules that results in contamination of the float pod water may result in a salt replacement fee of up to \$1,000.

I am choosing to use float therapy of my own free will and will not hold Free Your Mind, Body and Soul Wellness, LLC liable for any injury or side effects resulting from or relating to my participation. Based on interactions with you, if we deem that you are not in the right state of mind to float, we reserve the right to refuse service and enforce our \$25 cancellation fee.

I have read, understand, and agree to all of the terms & policies listed above.

Name Printed: _____ Date: _____

Signature: _____

Employee: _____ Date: _____