

## Float Agreement Waiver for **YOUR NAME**

Your Email

Your Phone Number

Your Address

Your Postal Code

Your Birthday

March	▼	10th	▼	2020	▼
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### Emergency Contact

Contact Name

Contact Relationship

Contact Phone Number

This is a legal agreement between you and Northeast Wellness LLC, DBA Ripple Float & Wellness Center. Your signature below indicates that you have read, understand and agree to all of the stated terms and conditions required to float at our facility:

Please read and agree by checking each section.

**I agree, I WILL NOT float:**

- if I am feeling unwell, sick, or experiencing any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.
- if I have, in the last 14 days, knowingly come into direct contact with a person who has been diagnosed with or has recently recovered from COVID-19.
- if I have any communicable or infectious diseases or illnesses, skin disorders, large cuts, open sores, and/or wounds.
- under the influence of alcohol or drugs.
- with any oils, creams, lotions or jewelry on my body and/or **if I have recently had a professional spray tan and/or used self tanner.**
- **if I have recently had my hair dyed at home and/or professionally and it is still running in the shower.**
- without consulting my physician if I am pregnant, taking medication, under a physician's care and/or have a history of heart trouble, kidney trouble, **ear trouble (including tubes, injuries, and/or frequent infections)**, diabetes, schizophrenia, **epilepsy, seizures and/or blackouts.**

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**I agree:**

- to shower before and after floating and I understand that all natural scent free products are provided for me to do so.
- that I will not use my own products to shower before floating because they can contaminate the water and filtration system and I understand that I may only use my own products after floating.
- to wear a fresh tampon while floating if I am menstruating.
- to pay the cleaning fee of \$1000 (necessary to clean the float system and refill the water and salt) on the day of incident, should I violate any of the above rules, or dirty or contaminate the float system in any way, including but not limited to by voluntarily or involuntarily urination, defecation and/or discharge of any other bodily fluid into the float system.
- that Northeast Wellness LLC, DBA Ripple Float & Wellness Center is not responsible for the damage or loss of any and all personal property, and that it is possible that property may be damaged by water or salt, such as jewelry, watches, cell phones, etc.

**I fully understand that:**

- Northeast Wellness LLC, DBA Ripple Float & Wellness Center is not a healthcare provider and is not a guarantor of my health and/or safety.
- the float systems here use **medical grade Epsom salt (magnesium sulfate)** and **food grade peroxide** and that some people may experience skin allergies and reactions to such chemicals.
- there is a possibility of slipping and/or falling that could result in injury or death.

**I hereby absolve, waive, release and agree to indemnify and defend Northeast Wellness LLC, DBA Ripple Float & Wellness Center and its employees and agents from and against any and all liability or claims in connection with use of its float systems and all other products and services, regardless of the nature of such claimed loss or damages, direct or indirect. This agreement of waiver of liability and all agreements made herein shall apply to each time I use the products and services of Northeast Wellness LLC, DBA Ripple Float & Wellness Center.**

[Click here if you're completing this for a minor](#)

**I have read and agree.**

**Please type your full name:**

Your Name

[clear signature](#)

Complete Waiver

**This is a preview and not usable.**