

REST to RESET Float Therapy Waiver

Floatation Meditation Therapy or Restricted Environment Stimulation Therapy provides a deep state of relaxation that stimulates blood flow through all of the body's tissues, releases natural endorphins, and the brain gives out alpha waves associated with relaxation and meditation. To ensure a comfortable, clean and safe Meditation Floatation experience, I agree to the following:

- I do not have any communicable or infectious disease, illness, or skin disorder
- I do not have a condition or am medicated in any manner which may be adversely affected by profound relaxation and/or immersion in concentrated magnesium sulfate (Epsom salt) water solution
- I am not under the influence of any medication, drug or alcohol
- I do not have a history of high ($\geq 180/120$) or low ($\leq 90/50$) blood pressure
- I am not diabetic with an insulin dependency
- I do not have kidney disease
- I do not suffer from uncontrolled seizures or epilepsy
- I am not currently menstruating or have taken the proper precautions to be in tank
- I have consulted with, and secured written permission from my physician to use the Floatation Tank if I am pregnant and/or have any other medical conditions or concerns

I understand that the Floatation Tank uses:

- Pharmaceutical grade Epsom salts
- Ultraviolet sterilization system
Natural enzymes and non-toxic biodegradable cleaning products
Hydrogen peroxide

I further understand that each individual may have a unique experience. I have been given an orientation which familiarized me with the safe and appropriate use of the tank. I agree to take full responsibility for my thoughts and actions while in the floatation tank and the waiver of liability and all agreements made herein shall apply to each and every use of the floatation tank.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against the Portage Township YMCA and its employees and agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Indiana.