

# EVIAFLOAT

## FLOATATION CLIENT INTAKE FORM

PLEASE PRINT CLEARLY – ALL FIELDS REQUIRED

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I hereby confirm that I am using EVIASPA DAY SPA & SALON floatation facilities at my own risk. I understand that I am entering a wet area and understand the risk of slip and fall and release EVIASPA DAY SPA & SALON and/or any other persons from any responsibility whatsoever. I take full responsibility for myself.

I am not wearing a pacemaker and do not have any serious heart disease. I do not suffer from Epilepsy or psychotic attacks. I am in good health. I am not under the influence of any drugs, alcohol or illegal substances. I also confirm I have no history of ear infections.

I understand I am entering a sterile environment and promise to keep it that way. I have had no hair dyed within 7 days, make-up or foreign matter on my person that would contaminate the water. I also understand that should I be responsible for contaminating the water, that I will be liable for the replacement cost of the purified water and any damage to the system I have caused.

If you are pregnant and are in your 1<sup>st</sup> trimester or are a high-risk pregnancy, please consult your physician before floating. Information on pregnancy and floating is available on this site.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_