



Statera Therapies
Unit 40 2712 Wentz Avenue
Saskatoon, SK
S7K 5S2

Liability Waiver

Name:	Date Of Birth:
Address:	City/Town:
Email:	Phone Number:
Emergency Contact:	Emergency Contact Number:

I will NOT use the floatation tank if...

- **I have not showered and washed hair thoroughly and still have oils, creams, or makeup on my body.**
- I am under the influence of alcohol or drugs.
- I have a **communicable or infectious skin condition, disorder, or disease.**
- I have **open sores.**
- I have **recently dyed hair** or have recently received **Keratin treatments.** (a swim cap may be provided)
- I have recently gotten a **tattoo.** Must wait until scabbing is **COMPLETELY gone.**
- I am diabetic, unless my diabetes is under medical control.
- I have **incontinence, or voluntarily/involuntarily release of bodily fluids** of any kind.
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to use the floatation pod/pool.
- I am experiencing a **menstrual period or external vaginal episode** and am not taking proper precautions and use of appropriate sanitary products (tampons or menstrual cups) to ensure no leakage during the float session, as you would do in pool or spa. Vaseline may be used to apply externally to act as a barrier.
- I have a condition which may be adversely affected by cutaneous absorption of magnesium.
- I have kidney disease.
- If I am pregnant and have **NOT** consulted and received permission to float from my health-care provider.
- If I am unable to get into and out of the tank on my own. If not I will need to arrange assistance to come into the room to help.

I further understand that the floatation pod/pool uses Epsom salt (U.S.P. pharmaceutical grade magnesium sulfate) and hydrogen peroxide cleaning products which will be in the water and that some people may experience skin allergies or reactions to such chemicals. I also hereby agree and understand that I shall have consulted with my own health care provider prior to using the floatation pod if I am currently taking any medication or under a physician's care for any reason. Upon using this floatation pod/pool, I absolve, **Statera Therapies**, and their employees from any and all liability in connection with the use thereof whether such loss or damage be direct or indirect. I further agree to take full responsibility for my thoughts and actions while in the floatation pod and the waiver of liability and all agreements made herein shall apply to each use I make of the floatation pod/pool.

NOTICE: A \$500 cleaning fee will be charged for any soiled floatation pod/pool. I have read, understand, and agree to all of the terms listed above. There is a 12 hour cancellation policy. Failure to give this amount of notice will result in a fee of \$10.00 less than your session cost. Thank you for your co-operation!

Signature: _____

Date: _____

Signature of Parent or Legal Guardian: _____

Date: _____

(if under age of 18)