



CLIENT DETAILS:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Fine Print:

Recovery Rooms Float Membership entitles the member to 3 x 1 hour Float Therapy sessions within the calendar month.

Direct debit payments will be debited monthly on the same date each month.

Appointments can be made online using the online client portal or by phoning Recovery Rooms. It is not the responsibility of Recovery Rooms to ensure your sessions are booked. Recovery Rooms suggests booking in advance to ensure that your preferred time is reserved.

Additional Float sessions can be purchased as individual floats, not at membership price.

Cancellation of Direct Debit:

Cancel Anytime.

Recovery Rooms requires 21 days notice to cancel your recurring payment. If your next payment falls within the 21 day notice period, this payment will be required to be paid.

FLOAT MEMBERSHIP:

In some circumstances, Float Therapy is not suitable unless a medical clearance is obtained. Please review the following statements:

- Float Therapy is not suitable for those with infectious diseases, illnesses or skin disorders.
- Float Therapy is not suitable for individuals diagnosed with kidney disease, insulin dependent diabetes, seizures or epilepsy.
- Float Therapy is not suitable for individuals under the influence of drugs or alcohol.
- Consent from a health care practitioner should be obtained in the case of heart conditions, kidney conditions, asthma and mental health conditions including but not limited to psychosis and schizophrenia.

CONSENT:

*I acknowledge and accept that in some circumstances a medical certificate is required before the use of Floatation Therapy.*

*I acknowledge my responsibility to notify Recovery Rooms of any changes which may affect my participation in Float Therapy.*

*I acknowledge that the information I have provided can be relied upon by Recovery Rooms. I acknowledge and accept that each Floatation experience is individual and unique.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_