



Liability Waiver

By agreeing to this Release of Liability and Waiver, I am confirming that I recognize that there may be inherent risks associated with using certain equipment, utilizing the Theta Wave Float and Wellness Facilities and participating related activities.

I acknowledge and agree that I am responsible for my own health; that the Theta Wave Float and wellness associates are not health care practitioners and are not qualified to diagnose and/or treat individual health problems.

I understand that I am responsible for discussing any questions that I may have concerning my health conditions (if any) throughout any portion of the process at the facility, and should any health-related symptoms occur, I will cease my participation and immediately inform Theta Wave Float and Wellness personnel of the symptoms.

In the event that I have reason to believe that medical clearance must be obtained prior to participation in any portion of the process or utilizing any equipment or related activities, I agree to first consult a physician and obtain written permission from a physician prior to the commencement of any portion of the process or related activities.

By voluntarily choosing to participate in the process and related activities, I warrant that to the best of my knowledge, I have no disability, impairment or ailment that prevents me from engaging in such participation.

Consequently, in light of the forgoing, I hereby release Theta Wave Float and Wellness , its' parent corporation, subsidiaries, affiliated corporations, and their respective officers, directors, shareholders and employees and waive any and all claims, liabilities, or damages for personal injuries that I may experience directly or indirectly from utilizing the Theta Wave Float and Wellness facilities and or participating in the process or activities offered by the Theta Wave Float and Wellness personnel.

Print Name

Signature

Guardian Name

Guardian Signature