



Name: _____ M F
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Email: _____
Phone: _____ Emergency Contact: _____
Phone: _____ How did you hear about the Riviera Spa?: Google Yelp Flyer
 Referred by _____ Other _____

The following information is needed to ensure your comfort and well-being as a guest of Riviera Spa. Additional information about the relevance of these questions is available upon request. We may ask you to update your record from time to time. We have taken measures to ensure the security and confidentiality of the information contained in this document.

1. Please check any of the conditions below that are currently applicable:

- | | | | |
|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> allergies* (eg Lanolin, latex) | <input type="checkbox"/> cancer* | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> skin disorder |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> diabetes | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> sunburn |
| <input type="checkbox"/> back/neck problem | <input type="checkbox"/> fungal disease | <input type="checkbox"/> open wounds | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> heart condition/pacemaker | <input type="checkbox"/> recent scar tissue | <input type="checkbox"/> other* |
| <input type="checkbox"/> bruises/broken capillaries | <input type="checkbox"/> heat sensitivity | <input type="checkbox"/> rosacea/sensitive skin | |

*Please provide additional information:

2. Are you currently pregnant? Yes No If yes how many weeks? _____ weeks

3. Are you currently taking any prescription medications? Yes No (please list) _____

4. Are you currently or have you within the past six months use/taken Avage, Avita, Differin/Accutane, Metrogel, Renova, Retin A or Tazorac? Yes No (please list) _____

I confirm that, to the best of my knowledge, the answers above are correct, and I have not withheld any relevant information. I hereby agree to assume all risk and responsibility and to hold the Spa and its employees harmless in the event I sustain any injury or damage to my person, directly or indirectly, as a result of my receiving services, and I further agree to release the Spa and its employees from any claims, cause of action, suit, damages, etc. that may result from any such injury or damage.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Parent/Legal Guardian (if under 18): _____ Date: _____



WAIVER AND RELEASE & PROFESSIONAL AGREEMENT Assumption of Risks & Indemnity Agreement

Welcome to our Sensory Deprivation Tanks. We want all of our guests to have an amazing & safe experience with us at Riviera Spa. To that end, we request that you read, understand & agree to the following policies & information.

It is our policy to refuse service to guests who cannot abide the following considerations that help ensure an amazing experience for all guests:

Amenities provided include: towel, washcloth, robe, spa slippers, ear plugs, shampoo & body wash, hair dryer, vaseline (apply to small, unopened cuts to avoid burning sensation from salt water), private shower & lounge area in which to enjoy filtered water &/or herbal tea & to savor the experience.

Facilities: Our spa is located in Uptown Dallas on Travis Street directly off of Knox/Henderson, as part of Travis Walk, & on the ground level - suite #105. We are able to host Floats on an identical schedule in order to minimize all external noise, vibration, smell, or taste within our control. As such, we ask guests to be mindful of the nature of the facility & its surroundings.

In the Case of Emergency: during your float, please be advised that the emergency lighting will come on, an air horn will be sounded 3x to signify an emergency is in progress. Please exit the cabin quickly but safely.

Due Care: Each guest is advised to use available safety features, such as grab bars, & textured flooring. We ask that each client take precautions against wet or slippery floors to avoid slips, trips or falls. Surfaces are wet as they are cleaned between each session.

Filtration process: begins when guests leave their float room. The water is sanitized through 4 cycles of treatment: #1/Primary particle filter, #2/ Ozone, #3/UV filtration, #4/ 1-micron filter. Total time to complete filtration process is within 20 minutes between each float session, in accordance with the BC Health Authority. ¼ teaspoon of bromine granules are added between floaters at the time of filtration.

Fees: Float sessions are 60 minutes. Fees vary based on the desired service package. Fees are subject to change.

Cancellations policy: we appreciate 12 hours of notice to cancel a reserved session whenever possible. If you cannot do so, we reserve the right to bill you for 50-100% of the normal session fee.

Recommendations: to ensure each client receives as much relaxation as possible during their float, we encourage you to float in the nude. Our water is heated at body temperature (94.5 degrees). Any wet clothing will alter your body temperature & may result in a less than satisfying float. We recommend avoiding drinking coffee, or consuming any stimulants that will hinder your mind & body from relaxing. Please be sure & have a light snack one hour prior to floating. Clients who wear contact lenses should be extra careful to avoid salt water from entering eyes. Please bring contact solution if desired. Shower caps may be worn inside the tank but will not be provided at the spa. Please leave all electronic devices outside of the tank - do not bring them in with you! Our float tanks have zero height or weight restrictions.

I will not use the floatation cabin if:

- ❖ I have not showered thoroughly in lukewarm water (only) & still have oils, creams, or makeup on my body or in my hair
- ❖ I have had any type of hair color/treatment within the past 2 weeks.
- ❖ I have shaved, or waxed an area of my body within the same day as my floating session. (Recommended wait time is 24 hours).
- ❖ I have received a tattoo within the past 4 - 6 months.
- ❖ I am in the first trimester of my pregnancy.
- ❖ I am under the influence of alcohol or drugs.
- ❖ I have a communicable or infectious skin condition, disorder, diseases or open sores.
- ❖ I am diabetic, unless it is under medical control.
- ❖ I am experiencing any genital episode of communicable disease or a heavy menstrual period.
- ❖ I have kidney disease or any involuntary release of bodily fluids of any kind.
- ❖ I have any medical history for which I have not received my Dr.'s permission to use the float cabins.

I understand that violation of any of these rules that results in contamination of the float cabin water may result in a salt replacement fee of up to \$1,000.00.

I am choosing to use floatation therapy of my own free will & shall not hold the owner/operator or Riviera Spa liable for any injury during a session or while on the premises.

Riviera Spa reserves the right to refuse service to anyone at anytime.



Please Note The Pro Float Cabin is not ADA compliant. It is recommended that any person(s) who are unable to safely enter & exit the cabin without assistance not participate in this service.*

I have read & understand & agree to all of the terms & policies listed above. This signed documents represents an agreement between Riviera Spa & myself, which Riviera Spa may revoke in writing at any time.

Signature: _____ Date: _____

Riviera Spa Representative: _____ Date: _____

GUIDELINES FOR SAFE USE OF INFRARED SAUNAS

Food: If it has been over 3 hours since your last meal, it is advised to eat a small snack about 45 minutes to one hour before using the sauna. It is not recommended to use the sauna after a large meal. The sauna cannot be used after the intake of any alcohol.

Water: Be sure to drink plenty of clean, filtered water on days when using the sauna. It is advised to drink 8 oz prior to, and 16 oz while in the sauna. Continue to drink plenty of water several hours after sauna use.

Temperature: Far infrared saunas are not as hot as conventional saunas. Your sauna will not exceed 150 degrees.

Time: Sauna sessions are set for 25 minutes or 55 mins

Frequency: Far Infrared saunas can be used daily, but significant benefits can still be seen with weekly use. Sessions will not exceed 60 minutes per day.

You will be provided with the following items, but you are welcome to bring your own:

- ❖ A bath towel to sit on
- ❖ A bath towel to place on the floor of the sauna
- ❖ A hand towel to wipe off with during the session
- ❖ A bath towel to dry off with when you are finished

In order to keep our sauna and spa clean, please utilize the necessary towels during your session.

Please check any of the following that apply to you:

- Sensitivity to high heat
- Hemophilia
- Congestive Heart Failure
- Hypertension/Hypotension
- Impaired circulation
- Acute & Recent Joint Injuries (within 48 hrs)
- Do you take any drugs that can change when your body is exposed to infrared radiation?
- Is it acceptable to raise your core temperature? Y/N

Agreement:

I, _____, understand that the employ of Riviera Spa are not physicians and that they do not dispense medical advice nor prescribe treatment.

I verify that:

- I have never been diagnosed with any of the above conditions
- I have read and understand the guidelines for safe Infrared Sauna usage
- I agree to follow the exact recommendations regarding time, temperature, and frequency of sauna usage
- I agree to report any adverse reactions to Riviera Spa
- I agree that Riviera Spa is not to be held responsible for claims or damages in connection with the use of the sauna.



Signature: _____ Date: _____

Riviera Spa Representative: _____ Date: _____