



NeuroSource, LLC
Dale S. Foster, PhD &
Lee Ann Foster, MS
758 Walnut Knoll Lane, Suite 101
Cordova, TN 38018
(901) 624-0100
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neurosource.net

Release of Liability for Flotation REST

READ THIS CAREFULLY- THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for using the Flotation Rest Tank, operated by Dr. Dale Foster and Neurosource, LLC at 758 Walnut Knoll Lane Cordova TN 38018, and/or use of the property, facilities and services of Neurosource,

I _____ agree to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Neurosource, or the employees, representatives or agents of Neurosource.

2. ASSUMPTIONS OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Neurosource for injury; loss or damage arising out of my or my family's use of or presence upon the facilities of Neurosource, whether caused by the fault of myself, my family, Neurosource or other third parties. Please initial the following items to indicate your agreement:

_____ I hereby confirm that I am using the flotation facilities at my own risk. I further understand that while using the flotation facilities at NeuroSource, I could fall due to slippery surfaces resulting in severe injury, paralysis, brain damage or death.



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_____ I hereby confirm and understand that Flotation Therapy can cause intense relaxation and could influence motor skills and the ability to drive heavy machinery. Upon exiting the Flotation Therapy and NeuroSource, I take all responsibility for my actions.

_____ I am not taking prescription medicine that would contraindicate floating OR alternatively, I have consulted my Doctor about Flotation Therapy and understand all associated risks in combination with my medication.

_____ I am not wearing a pacemaker, I do not have any history of seizures or any serious heart disease, OR alternatively, I have consulted my Doctor and understand all associated risks of Flotation Therapy in combination with my specific medical conditions.

_____ I am not under the influence of mind altering drugs, alcohol, or illegal substances.

_____ I have no history of ear infections OR alternatively, I understand all risks associated with Flotation Therapy and my condition.

_____ I understand that the Float Tank contains 10" inches of water and could cause drowning or injury.

_____ I have not had my hair color-treated, nor had a tattoo in the last 7 days and/ or I will pay a cleaning fee of \$500.00 on the day of incident should I voluntarily or involuntarily have a bowel movement, urinate, or discharge any other fluid in the Float Tank. (Women on their menstrual cycle must reschedule; there will be no penalty to do so).



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3. INDEMNIFICATION. I agree to indemnify and defend Neurosource against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Neurosource.

4. FEES. I agree to pay for all damages to the facilities of Neurosource caused by any negligent, reckless, or willful actions by me or my family.

5. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Tennessee law.

Signature: _____ Date: _____

Printed Name: _____