



Mission Hills Pool Location

1853 West Montecito Way, San Diego, CA 92103

Facing the home, enter the LEFT side gate. The latch is inside the gate at the top right. I will be waiting for you in the back at the pool.

What to do when/before you arrive...

Please arrive quietly a few minutes before your session begins. If arriving with others, please lower your voices as you enter the grounds. In most cases, you will be arriving as someone else is ending a session. There is a CHANGE ROOM to your LEFT - simply open the sliding door to change into your swimsuit. The SHOWER ROOM is opposite the CHANGE ROOM. ***Everyone must shower before entering the pool***—it is a pool owner requirement that all body oils and lotions be removed, and private parts be thoroughly cleansed. The pool is chemical free salt water which must remain unsoiled. We appreciate your cooperation!

- If you are sick, including a cold or flu, or if you have the onset of flu symptoms, or you have any open skin conditions or wounds, please discuss with Dave **24 hours prior** to your session.
- Please turn-off your cell phone immediately upon arrival at the property and while on the property. It is permissible to have a guest present. If you are taking photographs, please ask for permission **24 hours prior** to your session. You will be asked to share your photos, and if agreed, you will be required to sign a release form. Photos are often used on the website or in promotional material.
- Bring with you to your session a swimsuit, large towel, signed release form, and one quart of liquid to drink immediately after your session and on the way home. Your body will require immediate rehydration. Please pay attention to your hydration following a session. If you feel even a mild headache within two hours following a session, increase the amount of water you are drinking.
- Residence and surrounding grounds are tobacco and drug free. We ask that you arrive in a state of *being* alcohol and drug free. If you are taking prescription pain medication under the supervision of a medical doctor, please advise Dave.
- Pay the \$135 session fee in advance, with cash (preferred) or check payable to “**4 Elements Alchemy, LLC.**” If you are using any major credit card, please make payment on the “pay here” page of www.warmwateralchemy.com **24 hours prior** to your session. Print and bring a copy of the receipt for your payment.
- After your session, it is a good idea to “go light” and not plan a lot of activity. It is not uncommon to feel in an “altered state” up to an hour following your session. Please be especially attentive coming and going from the property, and while driving.

Should you have any concerns following your WATSU session, contact Dave Towe at (619) 701-7776.

PLEASE NOTE: In most cases I will be in the water before you arrive and do not have access to taking calls. Kindly familiarize yourself with the address and routes on your mobile device, including time and miles, to assure you arrive on time.

4 Elements Alchemy, LLC

**STATEMENT TO BE READ AND SIGNED BEFORE AQUATIC SESSION BEGINS
PLEASE BRING COMPLETED STATEMENT WITH YOU TO YOUR SESSION**

I understand that a session of any form of Aquatic Bodywork can be powerful, that profound effects can occur when the body arrives at the level of relaxation possible in 96 degree warm water.

I understand that when the body's normal tension holding patterns are released, there can occasionally be reactions causing momentary discomfort.

I further understand that being held as close as is required while being floated can bring up issues a person may have with intimacy. I recognize that receiving a session in any kind of bodywork always involves an element of risk. I willingly accept any such risk and release and hold harmless *4 Elements Alchemy, LLC* from liability in this regard.

Any medical claim or condition that would impede my participation in this session has been fully disclosed.

I understand that I am responsible to alert the practitioner the moment I experience discomfort. I will let my practitioner know any time my head, neck, or back do not feel adequately supported.

I have read and agree to the above statements. Listed below are any conditions which might be affected by my session. I will discuss these with my practitioner prior to entering the water:

- Conditions involving stretching and movement:
- Susceptibility to motion sickness:
- Psychological conditions or trauma related to being held:

Expectations or concerns:

Can you swim? Yes [] No []

Have you had ANY negative experience in the water, such as a near drowning? Yes [] No []

Print Name: _____ Date: ____/____/____

Signature: _____ Phone: _____

Print Address: _____

Print City/State: _____ Zip Code: _____

Print (Clearly) Your Email: _____