

Whole Body Cryotherapy

Whole Body Cryotherapy is the exposure of a person's skin to temperatures of -150 to -170 degrees Celsius (-238 to -274 degrees Fahrenheit) for a short time (3 Minutes or less). At this extreme temperature, the body activates several mechanisms that have significant long-term and cosmetic benefits:

Skin:

The outer skin is briefly "Frozen", activating increased production of collagen in deeper layers of the skin (similar to laser treatments of the face, where very hot temperatures are used). The skin regains elasticity and becomes smoother and even-toned, significantly improving such as cellulite and skin aging.

Skin vessels and capillaries undergo severe vasoconstriction (to keep the core temperature from dropping), followed by vasodilation after the procedure. Toxins and other stored deposits are flushed out of the layers of the skin and blood perfusion is improved after several treatments. The anti-inflammatory properties of cryotherapy are also used to treat chronic skin conditions such as psoriasis and dermatitis.

Endocrine:

The extreme cold exposure causes the body to turn up its metabolic rate in order to produce heat. This effect lasts 5 – 8 hours after the procedure. After several procedures, the increase in metabolic rate tends to last longer between treatments. Another "survival reaction" to the extreme temperatures is the release of endorphins (hormones) that have analgesic and anti-inflammatory properties, and improve mood disorders. Cryotherapy has been studied for the successful treatment of medication resistant depressive disorders.

Musculoskeletal:

The anti-inflammatory and analgesic properties of cryotherapy can drastically improve discomfort joint disorders such as rheumatoid and osteoarthritis. Athletes are using whole body cryotherapy to recover from injuries and improve their performance.

Immune System:

Cryotherapy improves the function of the immune system and decreases stress levels.

Safety Instructions for Whole Body Cryotherapy

1. You must wear cotton or wool socks (and underwear for men) to minimize the potential of chilblain and other potential injuries from overexposure to cold temperatures.
2. Sessions are limited to 3 minutes per session to minimize the potential for such adverse effects from overexposure to cold temperatures.
3. During the session you must turn every 10 – 15 seconds, ensure that your head remains above the level of, and avoid inhaling the gasiform air (the cloudy gas circulating in the cryochamber); while non-toxic, it is devoid of oxygen and may cause shortness of breath, fainting, or other conditions. (To provide a safe Whole Body Cryotherapy session, absolutely no dunking down, or putting your face in the gas at any time during the session, violation of this will result in immediate stopping of the session and banned from Whole Body Cryotherapy) No refunds will be provided.
4. You must immediately notify the attendant and end the session if you at any time experience any physical or mental discomfort, problems, pain or anxiety.
5. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, lotions, bio freeze, oils, piercings, or medications, including but not limited to, tranquilizers. Do not use Whole Body Cryotherapy if you have reason to believe you have come in contact with or ingested any such product.
6. A person who is less than (18) years of age may not use Whole Body Cryotherapy without written parental consent.
7. I agree to adhere to the safety instructions, and will inform the cryotherapy operator if at any time I don't meet the requirements stated above before I receive my cryotherapy session. Initials_____

Whole Body Cryotherapy Risks

Risks of Whole Body Cryotherapy include, but not limited to: fluctuations in blood pressure (due to peripheral vasoconstriction, systolic blood pressure may briefly increase by up to 10 points during the session. This effect should reverse after the end of the session, as peripheral circulation returns to normal), allergic reaction to extreme cold (rare), claustrophobia, anxiety, activation of some viral conditions (cold sores) etc. due to stimulation of the immune system. One primary inherent risk of Whole Body Cryotherapy is skin sensitivity and skin irritation. It is impossible to predict how client's skin will react during or after Whole Body Cryotherapy. I have read and understand possible risks and give consent to receive a Whole Body Cryotherapy Session.

Initials _____

Whole Body Cryotherapy Contraindications

Pregnancy, Stage 2 Hypertension (BP > 160/100) according to American Heart Association, type 1 diabetes, acute or recent myocardial infarction, unstable angina pectoris, arrhythmia, symptomatic cardiovascular disease, cardiac pacemaker, peripheral arterial occlusive disease, venous thrombosis, acute or recent cerebrovascular accident, uncontrolled seizures, Raynaud's Syndrome, fever, tumor disease, symptomatic lung disorders, bleeding disorders, severe anemia, infections, claustrophobia, cold allergy, acute kidney and urinary tract disease. If you have any other injury, illness or medical condition, you should consult your physician prior to using Whole Body Cryotherapy. I have read the conditions listed above and give consent to receive Whole Body Cryotherapy.

Initials _____

Spot Cryotherapy Contraindications

Cryoglobulinemia, cold hemagglutination or cold hemolysis, cold-induced itching, impaired arterial blood flow as from stage II, Raynaud's Disease, severe sensory disorders, trophic disorders, hypersensitivity to cold. I have read the conditions listed above and give consent to receive Spot Cryotherapy.

Initials _____

Kassen Spot Cryotherapy Contraindications

Raynaud's disease, vasculitis, blood disorders related to blood coagulation, sensitization and over-sensitivity to cold, peripheral vascular disease, post thrombotic condition e.g. heart attack and some strokes, microvasculature dysfunctions during diabetes or diabetic foot, skin anaesthesia, paraesthesia, polyneuropathy, frostbite, sunburn, serious anaemia, tumours, open wounds or including damaged skin, pregnancy – third trimester, any other disease or condition that has not been properly assessed by a qualified medical expert.

Initials _____

NormaTec Pulse Compression Contraindications

Current or unstable fractures or breaks, recent surgery and have sutures, stitches or staples, open wounds, contusions, abrasions, or blood clots. I have read the conditions listed above and give consent to receive NormaTec Compression.

Initials _____

Evolution Fusion Contraindications

Pregnancy (Never apply over pregnant uterus), carcinoma (Never apply over suspected cancer), Immunosuppressant drugs / photodynamic therapy, steroid injections (Must wait 48 hours after the injection), photosensitivity (lower energy levels may be

needed should a reaction occur). I have read the conditions listed above and give consent to receive Evolution Fusion Spot Laser Sessions.

Initials_____

ARRC Led Bed Contraindications

Pregnancy, cancer, Immunosuppressant drugs / photodynamic therapy, steroid injections (Must wait 48 hours after the injection). I have read the conditions listed above and give consent to receive ARRC Led Bed Sessions.

Initials_____

CircSlim Electromagnetic Stimulation Contraindications

No implanted electrical devices like Cardiac Pacemakers, Cochlear Implants, Intrathecal Pumps, Hearing Aids, Metal or Electronic Implants, Metal IUD, Defibrillators, Neurostimulators, Drug Pumps etc. The CircSlim should not be used with persons with Graves Disease, Active Bleeding Disorders, Seizure Disorders, Fever, Malignant Tumor, Hemorrhagic Conditions, Epilepsy, Pulmonary Insufficiency, Pregnancy, Resent Surgical Procedure, and During Menstruation.

Initials_____

Safety Instructions and Contraindication Acceptance

The following waiver, initialed areas and signatures constitute my representation, acknowledgement and agreement that I, _____, have read, understand, and fully agree to the fact that I have reviewed all the contraindication conditions for services listed above and give consent to receive the services provided by Chill Zone Cryo. I also agree that should I have any other injury, illness or medical conditions, or new changes in health history, that I should consult my physician prior to using any services provided by Chill Zone Cryo.

Health History

Name: _____ Date: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Cell#: _____ Email: _____

Date of Birth: ____/____/____ Age: _____ Sex: M / F

How did you hear about us? _____

Current medications you are taking: _____

List allergies to any food, drugs or other items: _____

Are you currently under medical care for any reason: _____

Please check if you currently have any of the medical conditions listed below:

High blood pressure: _____ Kidney Disease: _____ Joint or muscle injuries: _____

Stroke: _____ Migraines: _____ Area of chronic pain: _____

Joint Diseases: _____ Tension Headaches: _____ Skin Diseases: _____

Respiratory Diseases: _____ Heart Diseases: _____ Digestive Diseases: _____

Numbness / Paralysis: _____ Diabetes: _____ Infectious Disease: _____

Other serious illnesses or medical conditions (Please Explain): _____

Please indicate your interest in which benefits you are looking for (1 indicates less interest, 5 indicates more interest):

Tension Release: 1 2 3 4 5

Recovery from injury, illness or surgery: 1 2 3 4 5

Relaxing Treatment: 1 2 3 4 5

Improvement of athletic performance: 1 2 3 4 5

Relief of pain or stiffness: 1 2 3 4 5

Improvement of mood or mental clarity: 1 2 3 4 5

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

_____ (hereinafter "releaser") in consideration for using and as a condition of my use of any CryoUSA, LLC and CryoUSA Mobile, and Chill Zone LLC d/b/a Chill Zone Cryotherapy, a (collectively the "Cryo Entities") equipment, product or service including, but not limited to, cryotherapy, cryochambers, spot cryotherapy, Normatec Pulse Technology (compression), ARRC Led Bed, Evolution Fusion Laser Equipment, NanoVi Equipment, Vielight Equipment, The Body Pod, CircSlim Equipment, Kassen Cryotherapy Equipment, (all equipment, products and services referred to collectively as the "Activities"), have voluntarily chosen to participate in such Activities with full knowledge of the risks and hazards described in the safety instructions incorporated herein by reference.

Releasers warranties and representations- I represent and warrant that I am medically fit, have no known or suspected health conditions, including but not limited to preexisting injuries, illness or pregnancy, that prohibit or limit my participation in any Activity in any manner, and I am not under the influence of alcohol or drugs. At all times during my participation, I will properly utilize all recommended safety procedures and equipment and follow all recommended instructions and procedures pertaining to the Activity. While equipment, instructions and procedures may reduce the inherent risk of the Activity, I understand that a substantial risk of personal injury or property damage may remain and therefore, agree to the terms of this release.

Release and wavier of liability. On behalf of myself, my spouse, children (including any of which I am guardian), heirs, personal representatives, executors and assigns and anyone claiming by or through me or any of the foregoing ("releasers"), I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Cryo Entities and their respective predecessors, successors, affiliates, members, officers, managers, directors, owners, servants, agents, employees, insurers, attorneys and volunteers (hereinafter referred to as "releasees") from any and all claims, demands, liabilities, losses, injuries, personal injuries, property damage, wrongful death, loss of services or wages, damages, actions or causes of action, present or future, whatsoever arising out of or connected with the activities, equipment, products or services owned, offered or provided by the Cryo Entities, and any equipment, machinery and/or facilities of any of the releasees, even if caused in whole or in part by the negligence of any of the releasees. I have read, understand and voluntarily sign this document (including the waiver of liability and hold harmless agreement set forth herein) and knowingly waive any rights against, and release the releasees from, any such claims, demands, injuries, personal injuries, property damage, wrongful death, loss of services or wages, damages, actions and causes of action. It is my express intention to exempt and relieve the releasees from all liability for personal injury, property damage or wrongful death.

No Warranties by Cryo Entities. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me regarding the results of any of the services, products or equipment offered for use by the Cryo Entities or any of the releasees and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me.

Cryotherapy Consent and contraindications. I fully understand the administration of the process or treatment, including possible adverse reactions, side effects, and/or other possible complications. My consent is being given voluntarily and in advance of any service or treatment or use of the equipment provided by Cryo Entities. I understand that Whole Body Cryotherapy Technicians are not qualified to perform skeletal adjustments, diagnose and/or prescribe, and that nothing said in the course of the session should be construed as such. Because Whole Body Cryotherapy and the "activities" described herein are contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability Cryo Entities part should I forget or fail to do so. I understand that the Cryo Entities will not be responsible for any medical costs associated with any injury. I understand that Whole Body Cryotherapy is provided for the basic purpose of relaxation, stress reduction, and relief. I further understand that Whole Body Cryotherapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment. I hereby affirm that I have read the instructions for proper use of the facilities and equipment and use them at my own risk. I hereby release the owners, operators, franchisers, or manufacturers, from any damage or harm that I might incur due to use of the facilities and equipment. My signature below constitutes my acknowledgment that (1) I have read, understand, and fully agree to all of the foregoing, (2) the proposed indoor cryo process has been satisfactorily explained to me and I have all of the information I desire and (3) I hereby give my authorization and consent. This CONSENT shall stand as long as I use any equipment or obtain any products or services at any facility utilized by any of the Cryo Entities.

Acknowledgement and Assumption of the Risk. I acknowledge and agree that the activities provided by Cryo Entities may be strenuous and/or present an inherent risk of personal injury and property damage. I am responsible for consulting with my physician and insuring that I am medically fit prior to participating. I am fully aware of the risks and hazards connected with the use of the equipment and services, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said equipment usage and the receipt of any services, and entering the above-named premises relating thereto. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY THAT MAY BE SUSTAINED, OR ANY LOSS OR DAMAGE TO PROPERTY AS A RESULT OF BEING ENGAGED IN SUCH AN ACTIVITY WEATHER CAUSED BY THE CONDITIONS OF THE FACILITIES OR EQUIPMENT OR THE NEGLIGENCE OF THE ATTENDANT OR OTHERWISE.

Governing Law. I understand that this document, including the Waiver of Liability and Hold Harmless provisions, shall be construed in accordance with the laws of the State of Ohio.

Arbitration. I agree that all claims and disputes between myself and Cryo Entities involving amounts in excess of \$1,000.00 shall be submitted to binding arbitration to be conducted before a single, neutral arbitrator pursuant to the rules of the American Arbitration Association at its office nearest to Cryo Entities. I agree that that this means that neither Cryo Entities nor I may file suit for the resolution of any claim or dispute. I hereby further waive my right to a trial by jury. I agree that the appointed neutral arbitrator may conduct a hearing and render a decision in my absence if after due notice I fail to appear. Claims and disputes covered by this agreement include all matters relating to this Agreement or the Membership Agreement and without limitation to monies, premises liability, representations and injuries to person or property as a result of use of equipment and services provided by Cryo Entities.

Liquidated damages/Limitation of Liability. In the event an action is filed in Arbitration or in a court of law against Cryo Entities, I hereby agree that liability shall be limited to the cost of the procedure I received or the cost of monthly membership whichever is greatest.

Enforceability. If any provision or portion of a provision of this document is held to be void or unenforceable such provision or portion of a provision shall be deemed severed from the release. Said provision shall be deemed inoperative to the extent it is deemed unenforceable, and in all other respects this document shall remain in full force and effect. However, if any such provision may be made reduced and or narrowed in scope or the like, and enforced, then the agreement shall be narrowed, reduced and enforceable by limitation to the maximum extent permitted by law. I specifically agree that all terms and conditions are to be enforced and specifically waives any statute or other right of any type, which would invalidate the enforceability of any provision or portion of a provision of this agreement.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT, INCLUDING THE WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT; I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS; AND I EXECUTE THIS DOCUMENT FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. FURTHERMORE, I AGREE THAT I WILL COMPLY WITH ALL INSTRUCTIONS ON THE USE OF THE CRYO DEVICE AND ALL OTHER EQUIPMENT AND THAT I AM USING SUCH EQUIPMENT AND OBTAINING ANY SERVICES AT MY OWN RISK. I AGREE TO USE ALL SESSIONS WITHIN THE TERMS OF THE CONTRACT DATES AND UNDERSTAND THAT REFUNDS ARE NOT GIVEN ON UNUSED PORTIONS OF PURCHASED PACKAGES.

Participant's Printed Name _____

Signature _____ Date _____

Participant Parent I Legal Guardian Name _____

Signature _____ Date _____