



Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Emergency Contact**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**For Minor Child to Use Whole Body Cryotherapy Chamber:**

I (Parent or Guardian) \_\_\_\_\_, hereby give my full Parental or Guardian consent and give permission for my minor child (Print Child's Name) \_\_\_\_\_ to participate in Whole Body Cryotherapy sessions. I acknowledge, understand and represent that my minor child has attained the legal age of fifteen (15). **Initial:** \_\_\_\_\_

Question	Yes	No
<b>Contraindications</b>		
Uncontrolled High Blood Pressure		
Prior Heart Attack		
Unstable chest pain/Angina		
Disease of blood vessels		
History of blood clots		
Uncontrolled Seizure Disorder		
Cold Allergy		
Open Sores		
Nerve pain in feet or legs		
Pregnancy		
Raynaud's Disease		
Conditions or Disease with increased sensitivity to cold		

\*You may have other conditions that make whole body cryotherapy inappropriate. **Consult with your physician or medical advisor** if you have questions as to whether whole body cryotherapy is right for you.

\*Note: **Upon any change in medical history and/or medications, the client is responsible to report details to staff to ensure client safety.**

**Whole Body Cryotherapy**

Whole body Cryotherapy is the exposure of a person's skin to temperatures of -110 to -180 degrees Celsius (-166 to -292 degrees Fahrenheit) for a short time (3 minutes or less). At this extreme temperature the body activates several mechanisms that have significant long term medical and cosmetic benefits.

## **Clothing and Safety Instructions for Whole Body Cryotherapy:**

Because of the exposure to extremely cold temperatures, we will provide clothes and garments to wear during session (except undergarments), do not wear street clothes. You need to bring/wear, men (shorts or boxers). Women (swimsuit, shorts, or underwear). Your clothes should contain **NO** metal (including underwire of bra). All jewelry and piercing(s) must be removed. CryoRecovery Savannah insists that you wear our dry socks, gloves, and shoes. You must be completely dry and have no metal on your person. It is recommended that you dry yourself before entering the chamber. Do not apply lotions, oils, or any alcohol based products 12 hours prior to treatment. Cryotherapy Session Treatments are limited to 3 minutes per session. Over exposure to the cold temperatures may cause cold injury. During treatment, you must avoid inhaling the nitrogen fumes; while non-toxic, they are devoid of oxygen and may cause fainting. You may end the procedure at any time if you experience any problems or anxiety. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, or medication, included but not limited to the following: Tranquilizers, high blood pressure medications, etc. Children under age 15 years of age may not use the whole body cryotherapy and a person who is less than (18) years of age may not use whole body cryotherapy without parental consent.

**Initial:** \_\_\_\_\_

### **Monthly Membership**

I am aware that with a monthly membership, my credit card will automatically be charged on a monthly basis until request of termination. I understand that it is my responsibility to terminate my membership upon which charges for subsequent months will cease, and I am aware that there are no refunds or back pay of any lapsed and non-used membership time when you terminate your membership. **MEMBERSHIP PACKAGES ARE NON-TRANFERRABLE.**

**Initial:** \_\_\_\_\_

### **Photo Release/Social Media**

I give my permission and/or consent to be photographed, interviewed, or videotaped by CryoRecovery Savannah, LLC for radio, television, digital media, and photos and videos will be posted on the website, or social media sources.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Initial:** \_\_\_\_\_

### **Agreement**

1. Follow all instructions given to you by the attendant. Do not use whole body cryotherapy without an attendant present.
2. Participation in a whole body cryotherapy session involves exposure to extreme cold temperature for a short period of time (not to exceed three (3) minutes per session). Your clothing and skin must be dry. You must avoid bending down inside the unit. By signing this agreement you confirm that you are in good health and do not have any of the contraindications identified above or other physical condition that would preclude you from safely using whole body cryotherapy.
3. If you experience any pain or mental or physical discomfort at any time during the process, you may terminate the session immediately. The chamber will not be locked, and you are free to walk out of the chamber at any time. You agree that you have familiarized yourself with the exit process and are prepared to do so if you or when you feel it is necessary.
4. No representations or claims are made as to the medical benefits of whole body cryotherapy, including without limitation claims that whole body cryotherapy reduces muscle soreness, or promotes mechanisms of action such as increased blood circulation, capillary action, or rapid cooling of the skin, tissues, or muscles. Whole body cryotherapy is not intended to diagnose, treat, cure, or prevent diseases, illnesses, imbalances or disorders. No result from whole body cryotherapy are assured. Every customer is different and responds differently to the therapy.

### **Waiver and Release**

1. This is a release of liability and a waiver of certain legal rights.
2. **By signing this Agreement, and in consideration of being permitted to participate in a whole body cryotherapy session, you:**
  - a. Acknowledge that use of whole body cryotherapy involves risk of bodily injury, illness, disability or death, which may be compounded by negligent emergency response of the attendant or inadequate ventilation of the room in which the equipment is operated. You acknowledge that you are voluntarily participating in whole body cryotherapy with knowledge of the dangers involved and accept and assume all risks of injury, illness, disability or death, whether caused by the condition of the facilities or equipment or the negligence of the attendant or otherwise. You acknowledge that frostbite is a specific risk that you assume.
  - b. Expressly waive and release any and all claims against Company, CryoRecovery Savannah, LLC, and their respective officers, directors, employees, agents, affiliates, successors and assigns (which are collectively referred to as “the

Released Parties”), arising out of or attributable to your use of whole body cryotherapy. You covenant not to assert any such claims against the Released Parties, and forever release and discharge the Released Parties from liability for such claims.

- c. Indemnify and hold harmless the Released Parties from any loss, liability, damage, cost or expense arising out of or connected in any manner with your use of whole body cryotherapy.
- d. Agree that this waiver and release is intended to be as broad and inclusive as permitted under law. You specifically acknowledge and agree that this Agreement is not intended to be a general release subject to limitations and conditions that would otherwise apply under applicable state law and additionally agree to waive all general release limitations provided by applicable law.

**General Provisions:**

- 1. This Agreement shall be construed and interpreted as broadly as possible under the applicable law of the jurisdiction in which you use whole body cryotherapy, with the words, terms, provisions, covenants, and remedies contained in this Agreement to be enforceable to the fullest extent permitted by applicable law.
- 2. If any portion of this Agreement is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.
- 3. The terms of this Agreement shall continue from this date forever and shall apply to each use by you of whole body cryotherapy without the need for you to re-execute this Agreement.
- 4. This document constitutes the entire agreement regarding your use of whole body cryotherapy and any product, services, or equipment connected with the Release Parties and supersedes all prior discussions, agreements and representations about the use, benefits or risks of whole body cryotherapy. This Agreement may only be modified in writing signed by you and an authorized representative or the Company.
- 5. **The terms of this Agreement shall be binding upon you, your minor child, and your heirs, executors, administrators, personal representatives, next of kin, and assigns.**

**ALL SALES AND PURCHASES ARE FINAL AND NON-TRANSFERABLE AND WILL EXPIRE IN 365 DAYS**

**My signature below constitutes my acknowledgement that** (1) I am at least eighteen (18) years of age and fully competent; (2) I have read, understand, and fully agree to the foregoing CONSENT, (3) the proposed indoor cryo process has been satisfactorily explained to me and I have all of the information I desire and (4) I hereby give my authorization and consent. This CONSENT shall stand as long as I use the equipment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk and hereby release the owners, operators, franchisers or manufacturers, from any damage or harm that I might incur due to the use of the facilities.

**BY SIGNING BELOW YOU CONFIRM TO CRYORECOVERY SAVANNAH, LLC (THE COMPANY) FOR THE BENEFIT OF THE RELEASED PARTIES (AS LATER DEFINED) THAT YOU HAVE CAREFULLY READ ALL PAGES OF THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT, VOLUNTARILY AGREE TO EACH OF ITS TERMS AND PROVISIONS, AND SIGN OF YOUR OWN FREE WILL.**

Participants Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (If Minor): \_\_\_\_\_

Parent/Guardian Signature (If Minor): \_\_\_\_\_ Date: \_\_\_\_\_