



Whole Body Cryotherapy - WAIVER AND CONSENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F E-Mail Address: \_\_\_\_\_

How did you hear about Elite: us: \_\_\_\_\_

In case of emergency, please notify:

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

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

List the medications you are now taking and the respective doses:

\_\_\_\_\_  
\_\_\_\_\_

List any allergies you have to drugs, food or other items:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under medical care for any reasons? If yes, please explain:

\_\_\_\_\_

Primary Care Physician: Name: \_\_\_\_\_

Address and City: \_\_\_\_\_

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

Please check if you suffer from any of the conditions listed below:

High blood pressure: _____	Kidney Disease: _____	Joint or muscle injuries: _____
Stroke: _____	Migraines: _____	Areas of chronic pain: _____
Joint Diseases: _____	Tension headaches: _____	Skin Disease: _____
Respiratory Diseases: _____	Heart Disease: _____	Digestive Disease: _____
Areas of numbness: _____	Diabetes: _____	Infectious Disease: _____
Paralysis: _____		

Other serious illnesses or medical conditions (Please Explain):



## **Whole Body Cryotherapy - WAIVER AND CONSENT FORM**

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 medical 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 conditions 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 for 5-8 hours after the procedure, causing the body to 'burn' 500 – 800 Kcal over the hours following 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.

Patients furthermore experience a noticeable increase in libido, leading to the use of cryotherapy for ED and other sexual disorders.

### **Musculoskeletal:**

The anti-inflammatory and analgesic properties of cryotherapy can drastically improve 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 in men) to avoid chilblain.
2. Treatments are limited to 3 minutes per session. Overexposure to the cold temperatures may cause chilblain;
3. During treatment, you must avoid inhaling the nitrogen fumes; while non-toxic, they are devoid of oxygen and may cause fainting;
4. During treatment, you must keep your hands visible to the operator at the upper rim of the cryocabin as instructed;
5. You may end the procedure at any time if you experience any problems or anxiety;
6. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, or medication, including but not limited to the following: Tranquilizers, High blood pressure medication;
7. A person who is less than (18) years of age may not use whole body cryotherapy without parental consent;

## **Contraindications to using Whole Body Cryotherapy:**

Pregnancy, severe Hypertension (BP > 180/100), 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, infection, claustrophobia, cold allergy, age less than 18 years (parental consent to treatment needed), acute kidney and urinary tract diseases.

## **Risks of Whole Body Cryotherapy:**

Fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment. This effect should reverse after the end of the procedure, 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.



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### **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

- 1. IN CONSIDERATION FOR USING THE CRYO DEVICE (“EQUIPMENT”) AND RECEIVING TREATMENT, I HEREBY FOREVER RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS ELITE SPORTS THERAPY & WELLNESS, LLC, AND ANY OF ITS AFFILIATES, OWNERS, OFFICERS, DIRECTORS, MANAGERS, SERVANTS, AGENTS, EMPLOYEES AND VOLUNTEERS (HEREINAFTER REFERRED TO COLLECTIVELY AS “RELEASEES”) FROM ANY AND ALL LIABILITIES, LOSS, COSTS, CLAIMS, DAMAGES, DEMANDS, ACTIONS AND/OR CAUSES OF ACTION WHATSOEVER WHETHER DIRECT OR INDIRECT, AT LAW OR IN EQUITY, AND HOWSOEVER ARISING, WHETHER DIRECTLY OR INDIRECTLY, OUT OF OR RELATED IN ANY WAY TO ANY LOSS, DAMAGE, OR INJURY OF WHATSOEVER KIND, THAT MAY BE INCURRED, SUFFERED AND/OR SUSTAINED BY ME WHILE USING THE EQUIPMENT OR DUE TO THE USE OF THE EQUIPMENT, THE CRYO PROCESS OR ANY TREATMENT PROVIDED TO ME BY RELEASEES RELATED TO THE CRYO PROCESS.**
- 2. I HEREBY CONFIRM THAT NO WARRANTY OR GUARANTEE, OR OTHER ASSURANCE, HAS BEEN MADE TO ME COVERING THE RESULTS OF THE CRYO PROCESS, AND I HEREBY RELEASE AND HOLD HARMLESS RELEASEES FROM ANY AND ALL LIABILITIES FOR INJURY OR DAMAGE THAT MAY OCCUR TO ME DURING OR AS A RESULT OF THE CRYO PROCESS OR ANY TREATMENT RELATED TO TH CRYO PROCESS. I FULLY UNDERSTAND THE ADMINISTRATION OF THE CRYO PROCESS, INCLUDING POSSIBLE ADVERSE REACTIONS, SIDE EFFECTS, OR OTHER POSSIBLE COMPLICATIONS FROM THE ADMINISTRATION OF THE CRYO PROCESS. IT IS UNDERSTOOD THAT THIS CONSENT IS BEING GIVEN IN ADVANCE OF ANY ADMINISTRATION OF THE CRYO PROCESS, AND IS BEING GIVEN BY ME VOLUNTARILY AS A CONDITION TO MY BEING PERMITTED TO USE THE EQUIPMENT AND HAVE THE CRYO PROCESS ADMINISTERED ON ME.**
3. I am fully aware of the risks and hazards connected with the use of the Equipment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Equipment usage, and entering the above named premises to engage in such usage. 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.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including attorney’s fees, that may be incurred by RELEASEES whether direct or indirect, at law or in equity, due to the use of the Equipment by me.
5. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Illinois.
6. I understand that the RELEASEES will not be responsible for any medical costs associated with any injury incurred by me.
7. I understand that Whole Body Cryotherapy is provided for the basic purpose of relaxation, stress reduction, relief of muscular tension, recovery from muscular tension, and recovery from surgery, illness or injury. 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, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of.
8. I understand that Whole Body Cryotherapy therapists 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.
9. Because Whole Body Cryotherapy is 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 on the therapist’s part should I forget to do so.



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My signature below constitutes my acknowledgment that (1) I have read, understand, and fully agree to the foregoing CONSENT, (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 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 use of the facilities.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing 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 Release freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me.

**CANCELLATION POLICY: 24-hour notice required for cancellations, otherwise \$25 late cancellation fee will be applied. No refunds will be provided. Potential credits towards other Elite therapies will be reviewed on a case by case basis.**

Furthermore, I agree that I will comply with all instructions on the use of the cryo device and that I am using these 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

If Participant is under the age of 18 yrs old:

\_\_\_\_\_  
Participant's Parent/Legal Guardian  
Printed Name

\_\_\_\_\_  
Signature