



Cryo Waiver and Consent Form

Name: _____ Date: _____

E-Mail _____

Cell phone: _____

Date of Birth: ____/____/____

CRYOTHERAPY INTAKE QUESTIONNAIRE:

Please circle whether you suffer from or have a history of any of the conditions listed below:

- Hypertension/High blood pressure YES NO
- Stroke YES NO
- Heart Disease or any other medical condition affecting the heart YES NO
- Myocardial infarction..... YES NO
- Angina pectoris (stable or unstable) YES NO
- Arrhythmia..... YES NO
- Cardiovascular disease..... YES NO
- Cardiac pacemaker..... YES NO
- Arterial occlusive disease YES NO
- Venous thrombosis..... YES NO
- Cerebrovascular accident..... YES NO
- Lung disease or disorders..... YES NO
- Bleeding disorders YES NO
- Anemia..... YES NO
- Tumor disease YES NO
- Acute kidney and urinary tract diseases..... YES NO
- Allergy or Sensitivity to Cold (incl. but not limited to Raynaud's Syndrome)... YES NO
- Seizures..... YES NO
- Claustrophobia or anxiety in small spaces..... YES NO

Please circle if you are currently:

Pregnant YES NO
Undergoing chemotherapy treatment..... YES NO
Experiencing cold/fever symptoms or have within the past 24 hours..... YES NO
Experiencing or treating for any infection YES NO
Have any areas of raw or broken skin (including stitches/staples, new tattoos, floor burns, cuts etc.)..... YES NO

Contraindications: 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: During Whole Body Cryotherapy, your body will be exposed to temperatures colder than any naturally occurring temperature on Earth.

This therapy, therefore, has certain risks including, but not limited to, allergic reaction to extreme cold, claustrophobia, anxiety, fainting, fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may increase systolically during Whole Body Cryotherapy) and conditions associated therewith, as well as other risks associated with fluctuations in blood pressure and exposure to extreme cold, from skin irritation up to and including heart attack or stroke, aneurysm, heart or kidney failure, blindness, paralysis, brain damage, or death. *If you have any doubts about whether you should participate in Whole Body Cryotherapy, please consult with your physician prior to any Whole Body Cryotherapy sessions.*

Safety Instructions for Whole Body Cryotherapy:

1. NO METAL OR PLASTIC. After exposure to the extremely cold temperatures during Whole Body Cryotherapy, any metal or plastic can cause injury when coming in contact with your skin. _____ Initials

2. NO MOISTURE. Any moisture on your skin or clothing can be extremely harmful when exposed to the extremely cold temperatures during Whole Body Cryotherapy.

3. You MUST wear cotton or wool socks, slippers (with rubber bottoms), and gloves (and underwear in men) to avoid chilblain. Chilblain is a painful, itching swelling on the skin, typically on a hand or foot, caused by poor circulation in the skin when exposed to cold. _____ Initials

4. Treatments are limited to 3 minutes per session. Overexposure to the cold temperatures may cause chilblain. _____Initials

5. During treatment, you must avoid inhaling the nitrogen fumes; while non-toxic, they are devoid of oxygen and may cause fainting. Therefore, keep your entire head, including your chin above the visible nitrogen “fog.” _____ Initials

6. During treatment you must maintain continuous movement as instructed by the technician. This movement is designed to keep you from locking your knees (which can lead to fainting), and also to evenly disperse the extremely cold nitrogen gas to prevent overexposure to one area of the body. _____ Initials

7. You may end the procedure at any time if you experience any problems or anxiety by informing the technician or by exiting the unit. _____ Initials

8. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, or medication, including but not limited to tranquilizers and high blood pressure medication. _____ Initials

9. A person who is less than 18 years of age may not use Whole Body Cryotherapy without parental consent. A person under the age of 14 year of age may not use Whole Body Cryotherapy under any circumstances. _____ Initials

CONSENT, WAIVER OF LIABILITY, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

1. In consideration for using the cryo device (Equipment) and participating in Whole Body Cryotherapy, I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Kume Spa, their officers, servants, agents, employees, contractors, and volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by any person, while using the Equipment or due to the use of the Equipment.

2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the cryo process or Whole Body Cryotherapy, and I hereby relieve RELEASEES and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the cryo process and Whole Body Cryotherapy, including possible adverse reactions, side effects, or other possible complications. It is understood that this Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement is being given in advance of any use of the Equipment or administration of Whole Body Cryotherapy, and is being given by me voluntarily to use the Equipment.

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, up to and including death, 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 UP TO AND INCLUDING DEATH 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 reasonable attorneys fees, that RELEASEES may incur due to the use of Equipment by me.

5. It is my express intent that this Consent, Waiver of Liability, Release, Indemnification, 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 Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of California.

6. I understand that the RELEASEES will not be responsible for any medical costs associated with any injury.

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 technicians are not qualified to perform skeletal adjustments, diagnose and/or prescribe medical conditions, 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 technician updated as to any changes in my medical profile and understand that there shall be no liability on the technician's part should I forget to do so.

My signature below constitutes my acknowledgment that (1) I have read, understand, and fully agree to the foregoing Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement, (2) the proposed indoor cryo process and Whole Body Cryotherapy 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, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement 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, Release, Indemnification, 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 Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement 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 Equipment 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.

Having reviewed the forgoing contraindications and risks associated with Whole Body Cryotherapy, and understanding them fully, are there any other medical conditions you believe you should disclose before participation?

Printed Name _____

Signature _____

Date _____