

iceland Cryo CLIENT CONSENT FORM



PERSONAL INFO AND CONSENT

PLEASE READ THIS ENTIRE FORM AND SIGN WHERE REQUESTED. Thank you.

Name _____ DOB _____ First Session Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone Number _____

E-Mail _____ Occupation _____

In Case of Emergency _____ Relationship _____ Phone _____

How did you hear about us? _____

What brings you to iceland Cryo? Please circle all that apply:

- ❖ Acne; facial or body
- ❖ An accident
- ❖ Athletic performance and recovery
- ❖ Autoimmune disorders
- ❖ Blood or lymphatic disorders
- ❖ Cellulitis
- ❖ Chronic pain or inflammation
- ❖ Depression or anxiety
- ❖ Experience the extreme cold
- ❖ Fatigue
- ❖ Fibromyalgia pain
- ❖ Immune system deficiencies
- ❖ Injury, scar or surgery
- ❖ Jet-lag or hangover
- ❖ Libido and sex drive
- ❖ Muscle soreness
- ❖ Osteoarthritis pain
- ❖ Psoriasis, dermatitis, eczema
- ❖ Restful sleep problems
- ❖ Rheumatoid arthritis pain
- ❖ Skin blemishes or age spots
- ❖ Sun burn
- ❖ Weight loss

Anything else not listed? _____

By signing below, I attest I have read and understand all three pages of this CLIENT CONSENT form:

Signature

Date

If Participant is Under 18: Name of Parent or Legal Guardian

Signature

Date

BELOW FOR OFFICE USE

BP ____ / ____ **Pulse** ____

Session Time _____ **Skin Temp.** _____ **Session Package** _____

WHO SHOULD NOT USE Cryosauna Therapy.

DO NOT USE CRYOSAUNA THERAPY IF YOU HAVE ANY OF THE FOLLOWING:

- Acute febrile respiratory (Flu like respiratory conditions)
- Acute kidney and urinary tract diseases
- Alcohol and drug abuse
- Asthma, uncontrolled
- Bacterial and viral infections of the skin
- Bipolar Disorder
- Chronic liver disease
- Cold Allergenic Phenomenon (known allergy to cold contactants)
- Congestive Heart Failure
- Decompensating diseases (edema) of the cardiovascular and respiratory system;
- Deep Vein Thrombosis (DVT) or known circulatory dysfunction
- Heart attack within previous 6 months
- Heavy consumerist diseases (abnormal bleeding)
- Hyperhidrosis – heavy perspiration
- Incontinence
- Ischemic heart disease
- Pacemaker
- Peripheral Arterial Occlusive Disease
- Polyneuropathies
- Pregnancy over 4 months
- Raynaud's disease
- Recent heart surgery
- Seizure disorders
- Severe Anemia
- Unstable Angina Pectoris
- Untreated Hypertension
- Valvular heart disease
- Vasculitis
- Wound healing disorders (open sores or discharging wound/skin conditions)

SPECIAL NOTES TO THE ABOVE:

- ❖ PREGNANCY (If you have any inclinations that you may be pregnant, do not use the Cryosauna, please have it verified first)
- ❖ PACEMAKER (Or any electronic devise implanted inside your body. Please provide your doctor's note Cryosauna is OK for you)
- ❖ UNCONTROLLED HIGH BLOOD PRESSURE (160/100...this is too high and sorry you cannot use the Cryosauna)
- ❖ ASTHMA or BREATHING DISORDERS
- ❖ BUZZED (We reserve the right to refuse service to anyone who looks high or drunk)
- ❖ OTHER MEDICAL CONDITIONS (It's always best to check with your doctor...show the doctor our site and let them decide)

At iceland Cryo, we are not doctors and we are not able to give medical advice or judge the medical conditions of clients using our cryosauna machine. If you are not in good health or have doubts about your health, please seek the advice of a qualified doctor who is familiar with the Cryosauna or Whole Body Cryotherapy...since many American doctors have no clue what this is, ask them to find out before they write this off...Cryotherapy has been proven to increase the quality of life of many people.

If you have the following Conditions you should not use Cryotherapy:

Pregnancy, Severe Hypertension (BP> 160/100), Acute or recent myocardial infarction, Asthma, Unstable angina pectoris, Arrhythmia, Symptomatic cardiovascular disease, Cardiac pacemaker, Peripheral arterial occlusive disease, Cold-activated asthma, Venous thrombosis, Acute or recent cerebrovascular accident, Uncontrolled seizures, Raynaud's Syndrome, Fever, Cryoglobulinemia, Cryofibrinogenemia, Agammaglobulinemia, Active Cancer, DVT, Acute infections, Certain medications (antipsychotic, alcohol), Cold intolerance and/or allergy to cold, Damaged skin, Claustrophobia, Hypothyroidism, Symptomatic lung disorders, Bleeding disorders, Severe anemia, Infection, Acute kidney and urinary tract diseases, Age less than 18 years (parental presence to treatment needed).

Precautions

Risks of whole body cryotherapy: Fluctuations in blood pressure (in whole body cryotherapy, due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment), Allergic reaction to extreme cold, Frostbite.

So in a nutshell if any of these apply to you, please seek the advice of your doctor or do not use the cryosauna.

Waiver of Liability, Release and hold Harmless Agreement:

1. In consideration for using the cryotherapy treatments/machines (Equipment), I hereby release, waive, discharge, and hold harmless Auksas, LLC dba iceland Cryo in Tequesta, Florida, its officers, servants, agents, employees 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 or anything in the iceland Cryo office.
2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the cryotherapy treatments, 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 process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process, 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, 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. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs that I may incur due to the use of Equipment by me.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind me, my spouse and the members of my family and spouse, if I am not alive, and my heirs, assignees and personal representative, 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 Florida and venue shall be exclusively in Palm Beach County, Florida.
5. I understand that the releasees will not be responsible for any medical or incidental costs associated with any injury I may sustain due to the use of the Cryosauna and/or any of the facilities at the iceland Cryo office.
6. I understand that the Equipment is designed for fitness and appearance enhancing use only by persons in good general health. I have been advised by reading this form that if I suffer from any medical condition or illness whatsoever, I am not to use the Equipment without my doctor's written permission.
7. I understand that I take full responsibility for any willful or accidental damage I or my guests or my invitees may commit or cause while at the iceland Cryo office and I will pay immediate restitution to the owners for any and all damages.
8. As a client of iceland Cryo I will not compete with iceland Cryo to open a commercial Whole Body Cryotherapy office in Palm Beach and/or Martin Counties, Florida either as a sole proprietor or in conjunction with others.
9. Physical and mental conditions discussed herein and on www.icelandcryo.com are representative of commonly known and studied applications and symptoms, but Whole Body Cryotherapy aka Cryosauna is not guaranteed to diagnose or cure specific diseases.
10. I confirm that I have received no medical advice from Releasees. I also understand, acknowledge and accept that I may receive no beneficial results from my use of the Cryosauna.
11. In the event of any litigation arising out of the terms of this agreement, the prevailing party in such litigation shall be entitled to recover all reasonable attorney's fees and costs incurred against the non-prevailing party, including fees and costs incurred on appeal.

My signature constitutes my acknowledgment that (1) I have read, understand, and fully agree to the foregoing consent, (2) the proposed cryotherapy process has been satisfactorily explained to me as noted above 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 cryosauna machine 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 fully understand the foregoing Waiver of Liability; Release and Hold Harmless Agreement, all Client Consent forms, and I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same. I have also acknowledged that if anything in this agreement is not understood that I will consult with an attorney before signing this agreement.

Furthermore, I agree that I will comply with all instructions on the use of the cryotherapy 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.

Thank you.