



Informed Consent for Treatment and Waiver & Release

Therapies covered by this Waiver & Release include but are not limited to the following therapies: Whole Body Cryotherapy, Localized Cryotherapy, CryoFacials, Normatec Compression Therapy, Celluma LED Light Therapy, ZeroBody Dry Floatation Therapy, and use of an Infrared Sauna as heat therapy.

I authorize **D.C. Cryotherapy LLC** to perform any of the above named therapies.

Whole Body Cryotherapy:

Whole body cryotherapy is the exposure of a person's skin to temperatures of -110° to -200° degrees Fahrenheit for a short time (3 minutes or less). At this extreme temperature, the body activates several mechanisms that are thought to have significant long-term medical and cosmetic benefits to the Skin, Endocrine, Musculoskeletal & Immune Systems. These benefits include but are not limited to caloric burning, weight loss, detox, relieve muscle soreness and pain, rejuvenate mind and body.

SKIN: The outer skin is briefly exposed to hypothermic temperatures, activating increased production of collagen in deeper layers of the skin (similar to laser treatments of the face, where very high temperatures are used). The skin regains elasticity and becomes smoother and even-toned, significantly improving conditions such as cellulite and skin aging. Skin vessels, peripheral tissue, 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 SYSTEM: 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 as much as 500 to 800 calories during this period following the procedure. After several sessions, 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 joint disorders such as rheumatoid arthritis 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. All parts of the body must remain at a distance of comfortable clearance from the active inner rim of the chamber during treatment sessions. **If you cannot maintain this berth, you are not a good candidate for treatment by this device and should not proceed.**
2. You must remove **all** jewelry (metal) and wear cotton or wool socks, gloves/mittens, headband (to cover ears), mask (to cover nose), and underwear/shorts (for men). Other clothing/undergarments worn is at your comfort level/discretion (no underwire or metal clasps/buckles). If you have metal piercings that cannot be removed, you will need to cover them with an adhesive bandage (please ask the equipment operator for one if needed).
3. Treatments are limited to 3 minutes per session.
4. During treatment, your head must remain outside the treatment zone and you must avoid inhaling the nitrogen fumes. While non-toxic, they are devoid of oxygen and may cause fainting. If using the electric cryochamber, there are no nitrogen fumes to worry about.
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: tranquilizers & high blood pressure medication.
7. A person who is less than 18 years of age may not use whole body cryotherapy without signed consent of a parent/legal guardian.
8. Do not engage in multiple cryotherapy sessions within less than 48 hours of each other.



9. Refrain from use of lotions/oils on skin as the cryotherapy can cause frostbite (swelling, blistering of the skin, burning sensation, etc).

Contraindications to using Whole Body Cryotherapy:

• Pregnancy, Severe Hypertension (BP> 180/100), Acute or Recent Myocardial Infarction (heart attack*; need to be cleared for exercise), Unstable Angina Pectoris, Peripheral Arterial Occlusive Disease, Deep Vein Thrombosis or Pulmonary Embolism (Venous Thromboembolism), Acute or Recent Cerebrovascular Accident (stroke*; need to be cleared for exercise), Arrhythmia, Symptomatic Cardiovascular Disease, Cardiac Pacemaker, Stents*, Heart Bypass or Valvular Disease, Congestive Heart Failure, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease (COPD), Spinal Stimulator Implants, Cold Allergies, Major Circulatory Dysfunction, Open Wounds, Sores, or Healing Disorders, Uncontrolled Seizures, Raynaud’s Syndrome, Fever, Tumor Disease, Symptomatic Lung Disorders, Blood Disorders, Severe Anemia, Acute Kidney and Urinary Tract Diseases, Chronic Liver Disease. *If you have any of these conditions, **whole body cryotherapy is NOT an option for you.*** Other treatment options are available. There are few contraindications to use localized cryotherapy. Please let the equipment operator know if you have any of the above conditions. If your condition status changes at a later date, you must update this consent form. If you are unsure about a condition that you have, please talk to the equipment operator about it before you begin your session. *Written permission from your physician is needed.

| Severe Cardiovascular Conditions | |
|---|--------|
| Have you had a heart attack or a stroke within the previous 6 months? | YES NO |
| Do you have a pacemaker? | YES NO |
| Have you had a heart bypass surgery within the previous 6 months? | YES NO |
| Do you have any stents? | YES NO |
| Do you have Congestive Heart Failure (CHF)? | YES NO |
| Have you been diagnosed with high blood pressure or hypertension? | YES NO |
| If YES, are you taking any medications for it? | YES NO |

| Other Conditions | |
|---|--------|
| Do you have Chronic Obstructive Pulmonary Disease (COPD)? | YES NO |
| Do you have asthma? | YES NO |
| Are you allergic or sensitive to cold? | YES NO |
| Do you have Raynaud’s Disease? | YES NO |
| Do you have an intrathecal pump (pain pump)? | YES NO |
| Do you have any open wounds or lesions? | YES NO |
| Are you pregnant? | YES NO |

Risks of Whole Body Cryotherapy: 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), activation of some viral conditions (cold sores, etc.) due to stimulation of the immune system, and/or frostbite are possible. Cryotherapy can also cause claustrophobia, anxiety, lightheadedness/ dizziness, numbness, tingling, rashes, redness, and/or irritation of the skin.



I understand the procedures and risks _____ (initial)

Localized Cryotherapy:

Localized Cryotherapy is used to target a specific area for 3-10 minutes depending on the area and the amount of inflammation there. This treatment flushes the tissue of fluid and waste rapidly which reduces swelling and inflammation, improves range of motion, and leads to a reduced appearance of scars, stretch marks, cellulite, and other skin conditions such as eczema, psoriasis, and rosacea. It causes a massive return of regenerative blood supply as the rewarming occurs quickly after application. Localized cryotherapy is used to treat lower back, shoulder, neck, hamstring, knee, ankle, wrist, or elbow pain. It is also used to give skin a toned and tightened appearance. Please refer to the safety instructions above.

Do NOT use Localized Cryotherapy if you have Raynaud's Disease, Local Limb Ischemia, Cold Allergy, open/uncovered wounds or sores, Paroxysmal cold hemoglobinuria, or irremovable piercings in the desired treatment area (some piercings are able to be covered with bandages). No abdomen area can be treated if you are pregnant. If you have metal plates/implants in the desired treatment area, please let the cryotherapy unit operator know before beginning treatment.

I understand the procedures and risks _____ (initial)

CryoFacials:

CryoFacials are used to boost blood flow to the face and neck which accelerates collagen production and releases toxins. CryoFacials give skin a toned and tightened appearance as well as reduce dark circles, puffiness, and the appearance of scars, eczema, psoriasis, rosacea, and other inflammatory skin issues.

Do NOT use CryoFacial if you have Raynaud's Disease, Botox in the last 48 hours, Dermal fillers in the past six weeks, Cold Allergy, open/uncovered wounds, or irremovable piercings in the desired treatment area (some piercings are able to be covered with bandages). If you have metal plates/implants in the desired treatment area, please let the cryotherapy unit operator know before beginning treatment.

I understand the procedures and risks _____ (initial)

Normatec Compression Therapy:

Normatec Compression is used for athletic recovery, for reducing delayed onset muscle soreness (DOMS), and in improving performance in subsequent workout sessions. Normatec uses air pressure massage to reduce muscle stiffness, to improve circulation, and to reduce swelling and inflammation. Normatec uses interval pulses within zones to enhance the movement of metabolic waste out of the legs.

Possible associated risks may include but are not limited to: cut off of circulation due to pressure, contusion/bruising, and other extreme causes include but are not limited to the risks identified in the Cryotherapy. Assumption of Risks described above and herein including but not limited to blood clots, heart attack, stroke, and/or death. Do Not use Normatec if you have Deep Vein Thrombosis.

I understand the procedures and risks _____ (initial)



Celluma LED Light Therapy:

Celluma light therapy is used to reduce the look of fine lines and wrinkles, to reduce acne bacteria, to improve skin tone and texture by promoting collagen and elastin production, to reduce inflammation, and to ease aches and pains. More than one session may be necessary to achieve desired results. Do not use Celluma LED light therapy if you take ACCUTANE or Retin-A, if you are experiencing skin rashes, or if you are taking photosensitizing medications. Side effects are rare, but may include increased redness, inflammation, and rashes. Exposure of eyes to the light could harm vision, keep the eye protection on at all times when Celluma is being used on your face. For best results do not wear lotion or make-up when using Celluma and moisturize and use sunscreen afterwards. Consult your physician if you have Epilepsy.

I understand the procedures and risks _____ (initial)

ZeroBody Dry Float Flotation Therapy:

Flotation therapy is an effective anti-stress solution that provides relaxation for your body and mind. It allows for regeneration by relieving your central nervous system of external stimuli. ZeroBody Dry Float provides relief from chronic pain, aids in athletic recovery, helps to reduce anxiety and depression, and can help enhance cognitive performance. After a float session, users may experience a heightened sense of smell, sound, and light. Some users may feel a temporary sense of motion sickness or nausea following their float session.

I understand the procedures and risks _____ (initial)

Infrared Sauna:

Infrared saunas are used to cause a rise in the core body temperature resulting in a deep sweat in order to detoxify the body from the inside out. Use of the infrared sauna may help to relieve aches and pains, lower blood pressure, increase circulation, and accelerate caloric burn. Saunas are NOT advised for people who are pregnant, have a pacemaker, have an inability to sweat or have a total heat sensitivity. People with hemophilia or any other hemorrhaging disorders should NOT use the sauna as well. Please consult your primary care physician before using the infrared sauna if you are currently taking medications (especially corticosteroids or antihistamines) or if you have heart disease, adrenal suppression, Parkinson's disease, Multiple Sclerosis, Systemic Lupus, or Eczema. Having these conditions doesn't prevent you from using the infrared sauna, you may just need a shorter session to keep you feeling well. Staying hydrated is important. It's best to hydrate before, during, and after your sauna session. People who are dehydrated may experience lightheadedness, a queasy stomach, or headaches during or after their sauna session.

I understand the procedures and risks _____ (initial)

PLEASE READ CAREFULLY BEFORE SIGNING

This is a release of liability and a waiver of certain legal rights. Participation in a Cryotherapy session involves exposure to extreme cold temperature for a short period of time (not to exceed three (3:00) minutes per session). In addition, PLEASE BE AWARE, that if you experience any pain or mental or physical discomfort at any time during the process, you are advised to terminate the session immediately



by informing the technician and exiting the chamber. You will be observed by a technician the entire time while in the chamber but are free to walk out at any time.

LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of being permitted by **D.C. Freeze Cryotherapy LLC** to participate in the whole body walk-in chamber and attend exercise activity, I hereby waive any and all claims and damages for personal injury or death which may occur as a result of my participation. **I understand and agree that:**

1. I understand that Whole Body Cryotherapy is provided for the basic purpose of relaxation, stress reduction, relief of muscular tension and/or 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/physical ailment that I am aware of.
2. I understand that Whole Body Cryotherapy unit operators 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.
3. 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 unit operator updated as to any changes in my medical profile and understand that there shall be no liability on the unit operator's part should I forget to do so.
4. I am not under the influence of alcohol and/or narcotics.
5. 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 relieve **D.C. Freeze Cryotherapy LLC** 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.
6. I am fully aware of the risks and hazards connected with the use of the cryo devices and other therapy equipment (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, personal injury that may be sustained or death, or any loss or damage to property as a result of being engaged in such an activity.
7. In consideration for using the cryo devices and other therapy equipment (Equipment), I hereby release, waive, discharge, and hold harmless **D.C. Freeze Cryotherapy LLC**, 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, injury, or death that may be sustained by any person, while using the equipment or due to the use of the equipment.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEE. 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 Wisconsin.

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; (3) I am at least 18 years of age and I hereby give my authorization and consent. This CONSENT shall stand as long as I use the Equipment at the facility now and in the future. I have read the instructions for proper use of the facilities & do so at my own risk & hereby release the owners, operators, franchisers, manufacturers, or vendors from any damage or harm that I might incur due to use of the equipment or the facilities.

Furthermore, I agree that I will comply with all instructions on the use of the cryotherapy devices as well as the other therapy 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.

- I understand it is mandatory to wear protective sock/slippers during my whole body cryotherapy session and that I should not remove them while in the chamber. I also understand that wet or damp clothing cannot be worn in the chamber. *If you need loaner attire, please ask the front desk.
- My skin and my clothing are free of any moisture (sweat, lotions, creams, perfume cologne, etc.) that may result in burns when it comes in contact with the extreme cold temperatures during my whole body cryotherapy treatment.
- I understand that my skin may have an adverse reaction to the extreme cold temperatures due to physiological issues unknown to me.

Client Name (please print): _____ Age: _____

Client Signature: _____ Date: _____

PARENTAL CONSENT FORM FOR MINORS UNDER THE AGE OF 18

If under 18 years of age, parental consent is required. Please complete below for consent of a minor. Customers are required to be a minimum of 14 years of age for use of the whole body cryotherapy chamber.

I, (Parent or Legal Guardian, please print) _____
acknowledge that I have read and understand the **D. C. Freeze Cryotherapy LLC** waiver
acknowledgement of risk regarding Cryotherapy treatments.

My son/daughter (Print Participant Minor's Name) _____ has
also read and acknowledged the contraindications and waiver of risk. I give consent on behalf of my
minor to voluntarily undergo treatment.

Participants Printed Name _____

Parent/Guardian Signature _____

Date _____

Cryotherapy Unit Operator Signature: _____

Date: _____