



Mobile Cryotherapy Parental/Guardian Consent and Waiver of Liability for a Minor

(Please Print)

Parent/ Guardian Info

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Participant/ Minors Info

Name _____ DOB _____ Age _____

School _____ Grade Level _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Gender Male _____ Female _____ Height _____

Emergency contact _____ Phone # _____

Explanation of Our Services

Whole Body Cryotherapy:

Whole Body Cryotherapy (WBC) is the exposure of the body to sub-zero temperatures (up to -200 F) in a cryosauna. A person stands in the cryosauna for up to 3 minutes. The skin's surface temperature is significantly lowered through the use of nitrogen vapor which stimulates receptors producing various medical benefits such as reduced inflammation, repair of muscles & joints, increased energy levels & metabolism, and to provide the ultimate athletic recovery.

Localized Cryotherapy/Cryo Firming Facial:

Uses nitrogen cooled air to target specific muscles and joints that are injured or inflamed. Cryotherapy heals by constricting the blood vessels and delivering oxygen-rich blood to the injured areas, thus decreasing inflammation and pain. Each session is approximately 8-10 minutes and targets 2-3 designated areas. The Cryo Firming Facial is a non-invasive facial that tightens your pores while reducing inflammation and "puffiness." Repeated facial treatments result in an increased production of collagen to reduce fine lines and wrinkles.

Please let us know if you would like to learn more about our other non-cryotherapy services. Minors may participate in our NormaTec Air Compression Therapy and Celluma LED Light Therapy with parental consent. Minors may NOT participate in Electric Muscle Stimulation until the age of 18.

Please take the time to go over the list of contraindications. When signing, you are acknowledging you read and agree that your child does not have any of the below which would make the specific service not suitable for them.

DO NOT PARTICIPATE IN WHOLE BODY CRYOTHERAPY IF YOU HAVE ANY OF THE FOLLOWING

Untreated Hypertension; Heart Attack in the last 6 months; Decompensating diseases (edema) of the Cardiovascular & Respiratory System (COPD); Congestive Heart Failure; Unstable Angina Pectoris; Pacemaker;	Peripheral Arterial Occlusive Disease; Deep Vein Thrombosis (DVT) or known Circulatory Dysfunction; Severe Anemia; Cold Allergenic Phenomenon (known allergy to cold contactants); Bacterial and Viral Infections of the Skin;	Wound healing disorders (open sores or discharging wound/skin conditions); Polyneuropathies; Raynaud's Disease; Pregnancy; Vasculitis; Chilblains; Cold Urticarial (Cold allergy);
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DO NOT PARTICIPATE IN LOCALIZED CRYOTHERAPY IF YOU HAVE ANY OF THE FOLLOWING

Raynaud's Disease Local Limb ischemia Cold Allergy	Open/Uncovered wounds or sores Paroxysmal cold hemoglobinuria No abdomen area can be treated if pregnant
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DO NOT PARTICIPATE IN THE CRYO FIRMING FACIAL IF YOU HAVE ANY OF THE FOLLOWING

Wearing heavy makeup Botox in the last 48 hours Dermal fillers in the past six weeks	Cold allergy Open wounds Raynaud's disease
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DO NOT PARTICIPATE IN CELLUMA LED LIGHT THERAPY IF YOU HAVE ANY OF THE FOLLOWING

Pregnant or Breastfeeding Epilepsy or history of seizures Taking any steroid injections	Taking photosensitive drugs Have had Botox or fillers in the 5 days
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DO NOT PARTICIPATE IN NORMATEC COMPRESSION THERAPY IF YOU HAVE ANY OF THE FOLLOWING

Acute deep vein thrombosis Severe atherosclerosis or other ischemic vascular diseases Severe congestive cardia failure Existing pulmonary edema	Existing pulmonary embolism Extreme deformity of the limbs Malignancy in the legs Untreated limb infections/cellulitis	Limb fractures Presence of Lymphangiosarcoma
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Your child may have other conditions that make our services inappropriate. Consult with their doctor or medical advisor if you have questions as to whether whole body cryotherapy is right for them.

WAIVER AND RELEASE

1. This is a release of liability and a waiver of certain legal rights.
2. By signing this agreement you:
 - I. Acknowledge that use of cryotherapy involves risk of bodily injury, illness, disability or death, which may be compounded by negligent emergency response of the attendant. You acknowledge that you are voluntarily allowing your child to participate in cryotherapy and/or other non-cryotherapy services with knowledge of the dangers involved and accept and assume all risks and 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.
 - II. Expressly waive and release any and all claims against Mobile Cryotherapy and its members, directors, employees, agents, affiliates, successors and assigns (which are collectively referred to as “the Company”), arising out of or attributable to your use of cryotherapy and/or other non-cryotherapy services, other than may arise from the gross negligence or intentional misconduct of the Company. You covenant not to assert any such claims against the Company, and forever release and discharge the Company from liability for any such claims.
 - III. Indemnify and hold harmless the Company from any loss, liability, damage, cost or expense arising out of or connected in any manner with your use cryotherapy and/or other non-cryotherapy services, except as may arise from the gross negligence or willful misconduct of the Company.
 - IV. 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 cryotherapy and/or other non-cryotherapy services, 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 cryotherapy and/or other non-cryotherapy services without the need for you to resign this agreement.
4. This document constitutes the entire agreement regarding the use of cryotherapy and/or other non-cryotherapy services and supersedes all prior discussions and representations about the use, benefits or risks of cryotherapy and/or other non-cryotherapy services.

You may have other conditions that make cryotherapy inappropriate. Consult with your Doctor or Medical Advisor if you have questions as to whether cryotherapy is right for you.

SIGNATURE CONSENT:

By signing this form, you and the minor agree that you have read and understand the terms and conditions laid out in this agreement with the Company. You also agree that you are at least 18 years old and of sound mind.

Minor's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____

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