



101 Thoma Drive Suite A
Elgin, OK 73538
Office: 1 580 699-6112

Whole Body Cryotherapy (WBC)
Aqua Massage
NormaTec Compression Recovery System

WAIVER / CONSENT / RELEASE OF LIABILITY

Name: _____ DOB: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Daytime Phone: () _____ Cell Phone: () _____

Evening Phone: () _____ Email Address: _____

How did you hear about ELGINCRYO?: _____

List any medications you are currently taking; name, dosage and reason:

List any Allergies you have to drugs, food or other elements:

Are you currently under any medical care: _____ If YES, please explain;

Do you have or have you had any of the following conditions?

- | | |
|---|---|
| <input type="radio"/> Severe Hypertension (BP >180/100) | <input type="radio"/> Acute or recent myocardial infarction |
| <input type="radio"/> Arrhythmia | <input type="radio"/> Symptomatic cardiovascular disease |
| <input type="radio"/> Peripheral arterial occlusive disease | <input type="radio"/> Venous Thrombosis |
| <input type="radio"/> Uncontrolled Seizures | <input type="radio"/> Raynauds Syndrome |
| <input type="radio"/> Tumor | <input type="radio"/> Symptomatic lung disorders |
| <input type="radio"/> Claustrophobia | <input type="radio"/> Cold Allergies |
| <input type="radio"/> Acute Urinary tract disease | <input type="radio"/> Angina pectoris |
| <input type="radio"/> Cardiac pacemaker | <input type="radio"/> Severe anemia |
| <input type="radio"/> Acute or recent Stroke | <input type="radio"/> Acute kidney disease |
| <input type="radio"/> Bleeding disorders | |

Do you have or have had any of the following conditions?

- | | |
|---|---|
| <input type="radio"/> Diabetes | <input type="radio"/> Anemia |
| <input type="radio"/> Hepatitis | <input type="radio"/> Goiter |
| <input type="radio"/> Glaucoma | <input type="radio"/> Seizures |
| <input type="radio"/> Kidney Stones | <input type="radio"/> Ulcer |
| <input type="radio"/> Heart Valve Disease | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Gall Stones | <input type="radio"/> High / Low blood pressure |
| <input type="radio"/> Shortness of breath | <input type="radio"/> Hives |
| <input type="radio"/> Heart Murmur | <input type="radio"/> Heart Attack |
| <input type="radio"/> Mental Illness | <input type="radio"/> Cancer |
| <input type="radio"/> Tuberculosis | <input type="radio"/> Suicidal Thoughts |

** If you have any of the listed conditions or other serious illnesses, you MUST have a WRITTEN physicians note to have Cryotherapy.

Are you feeling well today? YES NO

If NO, please explain: _____

Are you under 18 years of age? YES NO

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

WOMEN

Are you pregnant or is there a chance of you being pregnant now? YES NO

** If you know you are pregnant or its possible that you may be pregnant, you are NOT able to participate in Cryotherapy usage.



WHOLE BODY CRYOTHERAPY INFORMED CONSENT

Whole body cryotherapy is the exposure of a persons skin to temperatures of - 180 to - 280 degrees Fahrenheit for a short time (3 minutes or less). At this extreme temperature, the body activates several mechanisms that may have significant long term benefits:

SKIN The outer skin is briefly 'frozen', activating an increase production of collagen in deeper layers of the skin. The skin regains elasticity and becomes smoother and even tones, 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 conditions such as psoriasis and dermatitis.

HEALTH BENEFITS 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 calories for several hours following the procedure. After several procedures, the increase in metabolic rate tends to last even longer. Another "survival" reaction of the extreme low temperature is the release of endorphins that have analgesic and anti-inflammatory properties, and improve mood disorders. Cryotherapy has been studied for the successful treatment of medication resistant depressive disorders and fibromyalgia (a brain chemical imbalance). Clients furthermore experience a noticeable increase in libido, lending 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 fibromyalgia pain, rheumatoid and osteoarthritis. Athletes are using whole body cryotherapy to recover from injuries more quickly and enhance their performance.

IMMUNE SYSTEM Whole Body Cryotherapy improves the function of the immune system and decreases stress levels.

Safety Instructions for Whole Body Cryotherapy

1. You must wear gloves and socks provided by ELGIN CRYO.
2. You must be dry and MEN must wear underwear. WOMEN make sure you do not have any metal items on your panties as well as your bra. Otherwise, they must be removed.
3. Remove any jewelry or metal from the neck down.
4. Treatments are limited to 3 minutes (or less) per session. Overexposure to the cold temperatures may cause chilblain. (cold skin sores or bumps)
5. During treatment, you should avoid direct inhalation of the nitrogen fumes, while NON-toxic, they are devoid of oxygen and may cause light headedness or fainting, which could cause serious injury.
6. During treatment, you must keep your hands visible to the operator and on the upper rim of the cryotherapy chamber as instructed.
7. You may end the procedure at any time if you experience any problems or anxiety by simply telling the technician.
8. 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.
9. A person who is less than (18) years of age may not use WBC without a parental consent.
10. You may not use WBC if you are Pregnant.

Contraindication 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 seizure disorder, Raynauds Syndrome, fever, tumor disease, symptomatic lung disorders, bleeding disorders, severe anemia, infection, claustrophobia, cold allergy, age less than 18 years of age (parental consent to treatment needed), acute kidney and urinary tract infections.

Risks of Whole Body Cryotherapy

Fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systemically 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.

WAIVER OF LIABILITY AND AGREEMENT TO RELEASE AND HOLD HARMLESS (CONSENT)

1. In consideration for using the whole body cryotherapy (WBC) device (Equipment), I hereby RELEASE, WAIVE, DISCHARGE and HOLD HARMLESS ELGIN CRYO owners, officers, staff, volunteers, agents, employees, (hereinafter referred to as RELEASES) 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 myself or 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 WBC process, and I hereby relieve them and hold them harmless from all liabilities for
3. injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reaction, 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.
4. I am fully aware of the risks and hazards connected with the use of the Equipment and WBC, including the risk or 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, and or any loss or damage to property as a result of being engage in such an activity.
5. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASES from any loss, liability, damage or costs that may incur due to the use of Equipment by me.
6. It is my express intent that this Waiver of Liability and Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASES. 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 Oklahoma.
7. I understand that the RELEASES will not be responsible for any medical or legal costs associated with any injury.
8. I understand that the Equipment and WBC is designed for restoring the body, revitalizing the body and recovering the body, use for those without any of the stated serious medical conditions. I have been advised that if I suffer from any medical condition or illness whatsoever, I am NOT TO USE the WBC without the acknowledgment and written consent of my physician.
9. I understand this Consent and Waiver is not only limited to the Cryosauna and WBC therapy, but also to include the Aqua Massage and NormaTec Compression.

My signature below constitutes my acknowledgment that (1) I have read, understand and fully agree to the foregoing CONSENT, (2) the proposed indoor WBC process has been satisfactorily explained to me and I have all the information I desire and (3) I hereby give my authorization and consent.

This CONSENT shall stand as long I use any of 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 CONSENT, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability and Agreement to Release and Hold Harmless Agreement, I am at least (18) years of age or have my parent / legal guardian signing this CONSENT for me, and I am fully competent, and I execute this Consent for full, adequate, and complete consideration fully intending to be bound by the same.

Furthermore, I agree that I will comply with all instruction on the use of the WBC 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.

Printed Name: _____

Signature: _____ Date: _____

If under 18 years of age
Printed Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Name of Participant: _____ Age: _____