

Frozone Cryo

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

WARNING: THE FOLLOWING IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY

1. In consideration for receiving services at Frozone Cryo and utilizing their health and wellness equipment (hereinafter referred to as “equipment”), I hereby release, waive, discharge in advance, and hold harmless Frozone Cryo Officers (including but not limited to Anne Stolfer, officials, employees, agents, franchisees and volunteers, (all of whom are referred to as “releasees”), from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any damage or injury that may be sustained by me, due to any act of negligence of any of releases, while using any equipment, due to the use of any equipment, due to the use of any equipment, or due to any condition of any premises of the Frozone Cryo.
2. I hereby confirm that no warranty or guarantee, or other assurance has been made to me covering the results of the cryo process of use of equipment. I have been explained and I understand the process, including possible adverse reactions, side effects, or other possible complications. It is understood that MY CONSENT, as indicated by my signature below, is being given in advance of any administration of the process, and is being given by me voluntarily to use any equipment of the Frozone Cryo.
3. I am fully aware of the risks connected with the equipment, and I am voluntarily participating in said equipment usage and entering Frozone Cryo preises to engage in such usage. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS that may be engaged in such an activity.
4. 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. 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 Ohio.
5. The list below states circumstances when cryotherapy treatment should not be applied. You should not have a Chamber session if you have any of the following:

 - Pregnancy
 - Moderately or severely elevated blood pressure (blood pressure above 180/95 mmHg)
 - An acute heart attack, or a heart attack within the past 6 months

- Unstable angina pectoris: chest pain that occurs without direct cause and will not simply cease by itself (imminent heart attack)
- Cardiac arrhythmias
- Cardiovascular diseases in which symptoms are present
- A pacemaker
- Intermittent claudication (also called peripheral arterial disease)
- Venous thrombosis: a blood clot in the veins
- Acute cerebral haemorrhage or a stroke in the past
- Epileptic seizures
- Raynaud's phenomenon
- Fever
- Cancer
- Lung conditions in which symptoms are present
- Bleeding disorders
- Severe anaemia
- Claustrophobia (fear of small or confined spaces)
- Cold allergy
- Persons younger than 18 years old (parental consent is required for treatment)
- Acute kidney diseases and acute disorders of the urinary tract

I have read the above list and affirm that I do not have any of the following conditions.

Sign here _____

6. I understand that the equipment of the Frozone Cryo is designed for fitness and appearance enhancing use only, by persons in good health. I have been advised 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. If I shall faint due to excess nitrogen inhalation, I hold myself responsible for all injuries should I fall and the cryosauna attendant has the right to assist me.
8. My signature below constitutes my acknowledgement that (1) I have read, understood and fully agree to the foregoing consent; (2) the proposed indoor cryo process and use of all equipment have been satisfactorily explained to me and I have all the information I desire; (3) I hereby give my authorization and consent. This CONSENT SHALL STAND AS LONG AS I USE ANY EQUIPMENT OF THE FROZONE CRYO now and in the future; and (4) that I have signed this waiver of Liability and Hold Harmless Agreement of my own free and voluntary will, without any threat or coercion whatsoever.

Participant's Printed Name

Signature

Date

Parental consent for children (under 18 years of age)

I, (print name of parent or legal guardian) _____

Acknowledge that I have read and understood Frozone Cryo waiver set forth above and acknowledge the risks associated with the use of cryotherapy and all other equipment.

My son/daughter has also read and acknowledged the contraindications and waiver of risks. I give consent on behalf of my minor to voluntarily undergo the processes.

Parent/Guardian's Signature: _____

Minor's signature: _____