



PATIENT INFORMED CONSENT

SAFETY INSTRUCTIONS FOR CRYOTHERAPY:

1. You must wear **dry** cotton or wool socks, **dry** cotton or wool gloves, and **dry** underwear (men), to avoid chilblain. You must wear protection shoes /clogs/ etc... when necessary. When using the single person sauna, you also must wear **dry** earmuffs and a dry mask to cover your mouth and nose.
2. Treatments are limited to a maximum of 30 minutes per session spread throughout the body. Overexposure to the cold temperatures may cause chilblain;
3. During treatment, you must avoid inhaling the nitrogen fumes; while non-toxic, they are devoid of oxygen and may cause fainting or in certain circumstances even death.
4. You must have dry skin without recent application of lotions and moisturizers.
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 the following: Tranquilizers, High blood pressure medication;
7. A person who is less than (18) years of age may not use cryotherapy without parental consent;
8. You must take off all jewelry to avoid chilblains.
9. You must be in visual contact with the operating staff during at all times during the procedure.
10. You must follow all instructions on the use of the cryogenic device.

CONTRAINDICATIONS TO USING CRYOTHERAPY:

You should not use cryotherapy if you have any of the following conditions: Pregnancy, Hypertension (BP> 180/100), acute or recent myocardial infarction, unstable angina pectoris, arrhythmia, symptomatic cardiovascular disease, cardiac pacemaker, peripheral arterial occlusive disease, asthma, venous thrombosis, acute or recent cerebrovascular accident, uncontrolled seizures, Raynaud's Syndrome, fever, tumor disease, symptomatic lung disorders, bleeding disorders, severe anaemia, infection, claustrophobia, cold allergy, open wounds, under 18 years of age (parental consent to treatment needed), acute kidney and urinary tract diseases.

RISKS OF CRYOTHERAPY:

Fluctuations in blood pressure (due to peripheral vasoconstriction, systolic blood pressure may briefly increase by up to 10 points 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, temporary redness of the skin, chill blain (rare).

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for using any treatment or therapy device (Equipment), I HEREBY RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS Ageless Cryotherapy & Wellness 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, or injury, that may be sustained by 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 any treatments or therapies including but not limited to Cryotherapy, Light Therapy,

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Electric Muscle Stimulation and Air Compression Treatments, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the treatments or therapies, 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 treatments or therapies, 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.
4. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the RELEASEES from any loss, liability, damage or costs that may incur due to the use of Equipment.
5. It is my express intent that this **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT** shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative, if I am not alive, 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 Nevada.
6. I understand that the RELEASEES will not be responsible for any medical costs associated with any injury.
7. I understand that the Equipment is designed for fitness and appearance enhancing use only by persons in good general 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.

My signature below constitutes my acknowledgment that (A) I have read, understand, and fully agree to the foregoing CONSENT, (B) the proposed indoor treatment-process has been satisfactorily explained to me and I have all of the information I desire and (C), I hereby give my authorization and consent. This CONSENT shall stand as long as I use the Equipment at any 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 RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; and I execute this PATIENT INFORMED CONSENT for full, adequate, and complete consideration fully intending to be bound by same.

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

Participant:		Parent or Legal Guardian of Participant:	
Printed Name	Date	Printed Name	Date
Signature		Signature	