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**ASSUMPTION OF RISK, WAIVER, AND RELEASE FOR CRYOSKIN**

By engaging at one of You Turn skin care’s centers to provide cryotherapy and related services and using the Company’s equipment and facilities in relation thereto, I hereby acknowledge on behalf of myself, my heirs, personal representatives and/or assigns, that there are certain inherent risks and dangers associated with receiving Services and my use of the Company’s equipment and facilities. At all times, I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions given to me by staff. If in the subjective opinion of the Company’s staff, I would be at physical risk in receiving Services, I understand and agree that I may be denied access to Services until I furnish the Company with an opinion letter from my medical doctor, at my sole cost and expense, specifically addressing the Company’s concerns and stating that the Company’s concerns are unfounded.

I hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by me in relation to my receiving of the Services, (2) release, indemnify, and hold harmless the Company, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to the Services, and (3) represent that: (a) I have no medical or physical condition that would prevent me from receiving the Services, (b) I do not have a physical or mental condition that would put me in any physical or medical danger, (c) I have not been instructed by a physician to not receive Services, (d) no warranty or guarantee, or other assurance, has been made to me covering the results of the Services, (e) knowing the risks involved I nevertheless chose to voluntarily request the Services.

Notwithstanding the foregoing (and by way of illustration only and not limitation) if any of the following apply to me or if I’m unsure for any reason, I hereby acknowledge the Company’s recommendation that I consult a medical physician before receiving Services:

* Severe unmanaged hypertension
* Pregnant
* Heart attack within the past 6 months
* Decompensating diseases (edema) of the cardiovascular and respiratory system
* Congestive heart failure
* COPD
* Chronic liver disease
* Unstable Angina Pectoris
* Pacemaker
* Peripheral Arterial Occlusive Disease Deep Vein Thrombosis (DVT)
* Known circulatory dysfunction
* Acute febrile respiratory (Flu like respiratory conditions)
* Acute kidney and urinary tract diseases
* Severe Anemia Cold Allergenic Phenomenon (known allergy to cold contactants)
* Heavy consumerist diseases (abnormal bleeding)
* Seizure disorders
* Bacterial and viral infections of the skin
* Wound healing disorders

CryoSkin 2.0

* Severe Raynaud's Syndrome
* People who suffer from very poor circulation
* Pregnant women
* Severe Diabetes
* Cancer

In participating in the Services, you may be photographed, videoed or otherwise recorded by the Company for safety, monitoring and training purposes. You hereby consent to such usage of your imagery for all and any such purpose by the Company and hereby agree that the Company without any payment to you shall in all cases be the sole owner of all intellectual and other proprietary rights therein without any restriction whatsoever.

I have read this Assumption of Risk, Waiver, and Release, fully understand its terms, and understand that I am giving up substantial rights including my right to sue the Company under certain circumstances. I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is indefinite.

I acknowledge that I have been urged to avoid bringing valuables into and onto the Company’s facilities and the Company shall not be liable for the loss of, theft of, or damage to my personal property, including items left in lockers, bathrooms, or anywhere else in the Company’s facilities. I acknowledge that no portion of any fees paid by me is in consideration for the safeguarding of valuables.

**Emergency Contact Name:**

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**Emergency Contact’s Phone:**

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**Client Printed Name:**

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**Client Signature:**

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**Date:**

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**Consent Signature for Photography/Video Release for use by You Turn Skin Care:**

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