



Compression Therapy

Name: _____ Date: _____

Email: _____ Cell phone: _____

Please carefully review the below equipment information, indications, and warnings prior to use. This form is required for all clients, members, and supervising adult guests.

What is Compression Therapy?

Compression therapy is a treatment used to help improve blood flow to the applied extremity. This type of therapy often involves the use of either compression stockings, bandages and wraps, or inflatable devices. At Hydro Air Treadmill Lab, we use the Rapid Reboot Regen system which provides a massage-like sequential compression of the legs and allows adjustable compression settings and pressure. For more information, please visit [Compression Therapy | Hydro Air Treadmill Lab \(hydroairlab.com\)](http://hydroairlab.com)

Ideal for

- Reducing edema/swelling/inflammation
- Reducing muscle soreness
- Recovery after exercise or activity

Benefits

- Improves blood flow and circulation
- Pain relief
- Helps remove metabolic waste from the extremities
- Improves recovery time and performance

Risks

Although rare, some of the risks associated with compression include (but are not limited to) soft tissue damage, cardiac decompensation, venous thromboembolism, arterial impairment, nerve palsy, skin irritation, and infection. While compression therapy is beneficial for most individuals, there are some who should exercise extreme caution before/while using this equipment. **Seek approval from your healthcare provider** prior to use especially if you have or have experienced (but not limited to) any of the following:



- Peripheral neuropathy
- Ischemia
- Early stage heart failure
- Prior cardiac or vascular surgery or procedure
- Diabetes
- Thrombophlebitis or deep vein thrombosis (DVT)
- Episodes of pulmonary embolism

DO NOT use compression therapy at this facility if you have or have experienced (but not limited to) any of the following:

- Acute pulmonary edema
- Acute infections
- Surgery or injury at or near the area of application
- Open or healing wounds or ulcers at or near the area of application
- Cellulitis or other skin infections
- Active or untreated deep vein thrombosis (DVT)
- Severe peripheral arterial occlusive disease (PAOD)
- Suspected compression of an existing epifascial arterial bypass
- Severe cardiac insufficiency
- Mid to late stage heart failure (requires medical monitoring)
- Allergy to compression material
- Severe diabetic neuropathy with sensory loss
- Microangiopathy with the risk of skin necrosis

Immediately discontinue use and seek medical advice if you experience any of the following:

- Sudden chest pain
- Sudden loss or shortness of breath
- Heart palpitations
- Sharp or severe pain at the sites of compression
- Any other sudden or unexplained symptoms coinciding with its use

Compression therapy in our facility is not intended to treat, cure, or prevent any disease. Individual responses may vary.



Safety Instructions for Compression

1. Ensure you are aware of all risks and precautions associated with compression therapy.
2. Adhere to all posted signs and warnings.
3. Receive orientation and review operation instructions prior to use. Use only as directed.
4. Ensure you have no open wounds or abrasions. Also ensure you are feeling well prior to use.
5. Ensure no sharp or other objects are in pockets or pants prior to use.
6. Adjust pressure if any discomfort is felt.
7. Please limit your session use to 10 minutes, especially if the lab is busy.
8. While Hydro Air may make recommendations and suggestions on how often, pressure intensity, and how long to use, the best indicator of appropriate dosage is how you feel! In any case, when in doubt, its best to stop, then assess how you feel afterwards. Make adjustments accordingly.

Consent, Waiver of Liability, Release, Indemnification, And Hold Harmless Agreement

1. In consideration for using Compression Therapy, I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Hydro Air Treadmill Lab, LLC an Arizona Limited Liability Company (Hereafter referred to as "HATL") their officers, servants, agents, employees, contractors, and volunteers 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 Compression Therapy or due to the use of Compression Therapy.
2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of Compression Therapy, and I hereby relieve the Employees and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of Compression Therapy, including possible adverse reactions, side effects, or other Indemnification, and Hold Harmless Agreement is being given in advance of any use of Compression Therapy and is being given by me voluntarily to use Compression Therapy.
3. I am fully aware of the risks and hazards connected with the use of Compression Therapy, including the risk of physical injury or disability as the result of such injury, up to and including death, and I am voluntarily participating in said Compression Therapy 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 UP TO AND INCLUDING DEATH** that may be sustained, or any loss or damage to property as a result of being engaged in this activity.



4. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the Employees from any loss, liability, damage or costs, including reasonable attorney fees, that the employees may incur due to the use of Compression Therapy by me.
5. It is my express intent that this Consent, Waiver of Liability, Release, Indemnification 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 representatives, if I am not alive, and shall be deemed as a **RELEASE, WAIVER, AND DISCHARGE** of the employees. I hereby further agree that this Consent, Waiver of Liability, Release, Indemnification and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Arizona.
6. I understand that the employees will not be responsible for any medical cost associated with any injury.
7. I understand that Compression Therapy is provided for the basic purpose of overall wellness. I further understand Compression Therapy should not be constructed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of.
8. I understand that Hydro Air Treadmill Lab's Employees are not qualified to perform skeletal adjustments, diagnose medical conditions and/or prescribe medication, and nothing said in the session should be construed as such.
9. The client acknowledges and agrees that the client is solely responsible for consulting with their physician or health professional prior to and regarding the client's use of Compression Therapy at HATL and neither HATL or any of the Owners, Managers, Staff, or Members have made any representations or warranties as to the results that may be obtained from the use of Compression Therapy at HATL, or as to the advisability of the client's participation in such activities.
10. Because Compression Therapy is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly, I agree to keep the technician updated as to any changes in my medical profile and understand that there shall be no liability on the technician's part should I forget to do so.
11. I am not and will not be under the influence of alcohol and/or narcotics.
12. HATL or its employees reserve the right to ask clients to discontinue equipment or facility use for any reason.

My signature below constitutes my acknowledgement of the following:

- I **will not** use compression therapy prior to staff instruction on safe/proper usage.



- I have read, understand, and fully agree to the foregoing Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement.
- Compression Therapy has been satisfactorily explained to me, and I have all the information I desire.
- I hereby give my authorization and consent. This Consent, Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement shall stand if I use 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 RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; I have given up considerable future legal rights; and I execute this Consent Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement freely voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me.

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

Client's Printed Name

Client's Signature

Date

Client's Parent or Legal Guardian's Printed Name



Client's Parent or Legal Guardian's Signature

Date