



Whole Body Cryotherapy

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 Cryotherapy?

Cryotherapy is the body's exposure to extremely cold temperatures usually ranging from -135 to -175 degrees Fahrenheit for a short time. This can be applied to specific body parts using cold packs and other devices or may be applied to the entire body using cold water or air. At Hydro Air Treadmill Lab, we feature a full body cryo chamber which uses cooled air, powered by electricity (as opposed to nitrogen). Members will enjoy a variety of health and wellness benefits immersing themselves in colder-than-arctic temperatures for up to 3.5 minutes. For more information, please visit [Cryotherapy \(hydroairlab.com\)](http://hydroairlab.com)

Ideal for

- People recovering from workout and exercise
- Weight loss
- Improving athletic performance blood flow (especially prior to working out)
- Improving mental health and overall wellness

Benefits

- Increased energy output (shivering and metabolic changes)
- Decreased aches and pain
- Reduced soreness after workout
- Regular treatment can boost metabolism by converting white fat into brown fat cells
- Improves glucose and insulin sensitivity
- Reduced inflammation
- May improve immune response
- Improved recovery following strenuous exercise
- Toning and smoothing of the skin (slowed aging)
- Reduced arthritic pain



- May improve symptoms from conditions such as diabetes, IBS, arthritis, asthma, depression, and others.
- Stress relief and increased energy
- Improved blood flow via extreme vasoconstriction during and vasodilation after session.
- Improved discipline, mental toughness, and clarity
- Increased tolerance to cold
- Stay dry (compared to cold plunge)

Risks

Although rare, some of the risks associated with whole body cryotherapy include (but are not limited to) cold related injuries and burns, hypothermia, lightheadedness, loss of consciousness, allergy flareups, difficulty breathing, blood pressure and heart rate changes, decreased blood flow, and fatigue. While most people report a beneficial response to whole body cryotherapy, there are some individuals who should exercise caution prior to using it. **Seek approval from your healthcare provider** prior to use especially if you have or have experienced (but not limited to) any of the following:

- Anemia or bleeding disorders
- Anorexia
- Emotional lability
- Anxiety
- Thyroid problems
- Blood vessel problems (such as Raynaud's disease)
- Hypothalamus disorders
- Fibromyalgia
- Skin sensitivity
- Cardiovascular issues such as heart failure or healing disorders
- A-Fib
- COPD
- Cardiac surgeries or procedures
- Use of a pacemaker
- Cancers/tumors
- Lung disorders
- Kidney disease

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



- Claustrophobia
- Cold intolerance
- Cryoglobulinemia or cryofibrinogenemia (abnormal proteins in the blood affecting clotting)
- Cold urticaria (allergy to cold causing hives or skin reactions)
- Open or exposed wounds and ulcers
- Substance abuse
- Pregnancy
- UTI
- Severe hypertension (BP>180/100)
- Acute or recent heart attack or stroke
- Gangrenous lesions (gangrene)
- Peripheral arterial occlusive disease
- Uncontrolled seizures
- Active infections or fever
- Thromboembolic Changes (history of venous thrombosis such as DVT or embolisms)

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

- Dizziness, light headedness, or confusion
- Sudden chest pain
- Sudden loss or shortness of breath
- Heart palpitations
- Sharp or severe pain
- Severe anxiety
- Numbness/tinging
- Rashes, redness, and/or irritation of the skin.
- Any other sudden or unexplained symptoms coinciding with its use

Whole body cryotherapy is not a medical treatment and has not been tested or approved by the FDA. It is not intended to treat, cure, or prevent any disease. Adverse reactions and risk for injury increase with misuse. Don't hesitate to ask staff for assistance and information if you have any questions or concerns. Individual responses may vary.

Safety Instructions for Cryotherapy

1. Ensure you are aware of all risks and precautions associated with Cryotherapy.
2. Adhere to all posted signs and warnings.



3. Receive orientation and review operation instructions prior to use. Use only as directed.
4. While staff members are required to be CPR certified, Hydro Air Treadmill Lab and staff will NOT provide direct supervision while clients use the cryo chamber. If you have any fears or reservations, please request adequate supervision from a trusted friend or family member who may accompany you (even if they do not have a membership).
5. All body parts/limbs must remain a comfortable distance from the inner walls of the cryo chamber during the treatment sessions. If you are unable to stay away from the walls comfortably, you should not proceed with cryotherapy.
6. During treatment, you should maintain continuous movement as instructed by the technician. This movement is designed to keep you from locking your knees (which can lead to fainting)
7. All jewelry (earrings, necklaces, bracelets, etc.) must be removed prior to entering the cryo chamber.
8. No metal or plastic are permitted inside the cryo chamber.
9. In order to enter the cryo chamber, the client must:
 - a. Be dry
 - b. Wear foot, hand, mouth, nose, and ear coverings
 - c. Men must wear underwear or shorts
10. Sessions may last NO LONGER than 3.5 minutes.
11. If you wish to end the treatment early due to anxiety, discomfort, or any other problem, you can do so by pushing the chamber door open and exiting.
12. Clients must allow at least 10 minutes after their session **and** skin temperature return to above 50 degrees Farenheight prior to returning for another session.
13. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, or medication, including but not limited to:
 - a. Tranquilizers
 - b. High Blood Pressure Medication
14. A client who is less than 18 years of age must obtain signed consent from their parent/legal guardian.
15. Anyone under the age of 16 must have a parent/legal guardian present during their treatment session.



16. Persons under the age of 14 may not use Cryotherapy at Hydro Air Treadmill Lab.

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

1. In consideration for using the Whole Body Cryotherapy Chamber (WBC), 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 the WBC or due to the use of the WBC.
2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the WBC, 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 the WBC, including possible adverse reactions, side effects, or other Indemnification, and Hold Harmless Agreement is being given in advance of any use of the WBC and is being given by me voluntarily to use the WBC.
3. I am fully aware of the risks and hazards connected with the use of the WBC, 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 WBC 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 the WBC 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 the WBC is provided for the basic purpose of overall wellness. I further understand the WBC 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 the WBC 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 the WBC at HATL, or as to the advisability of the client's participation in such activities.
10. Because the WBC 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 the WBC 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.
- The WBC 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 Compression Therapy 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