



**WAIVER/RELEASE of LIABILITY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Do you currently feel healthy? \_\_\_\_\_

Are you currently under medical care for any reason? \_\_\_\_\_

**Medical History – Do you now or have you had any of the below? (Check all applicable)**

High Blood Pressure		Heart Surgery		Unstable Angina	
Asthma		Shortness of Breath		PAO Disease	
Bleeding Tendency		Pace Maker		Valvular Heart Disease	
Heart Disease		Claustrophobia		Raynauds Disease	
CHF or CODP		Stroke		Vasculitis	
Loss of Consciousness		Diabetes		Kidney or UTI Disease	
Seizures/Epilepsy		Severe Anemia		DVT	
Any Heart Disorder		Heart Attack within 6 months		Bacterial/Viral Skin Infection	

List any other illnesses or disorders:

\_\_\_\_\_

**Safety Instructions for Cryotherapy**

- 1.** You must wear the provided gloves and slippers in the cryosauna to avoid frostbite.
- 2.** You must rotate your body position in the cryosauna periodically as a precaution to avoid frostbite.
- 3.** Cryosauna treatments will be limited to 3 minutes to avoid over exposure.
- 4.** Avoid inhaling nitrogen vapor. While nontoxic, it is devoid of oxygen and can result in fainting.
- 5.** You may end the procedure at any time.
- 6.** You must do at least 5 minutes of cardio after using the cryosauna in order to warm back up.
- 7.** Abnormal skin sensitivity to cold can be caused by certain foods, medications or cosmetics. (Including but not limited to high blood pressure medication)
- 8.** Any person under the age of 18 must have parent consent to participate in cryotherapy.

## Waiver of Liability and Hold Harmless Agreement

1. In consideration for using the equipment, devices, and machines at Island Wellness Center (Equipment), I hereby RELEASE, WAIVE, DISCHARGE IN ADVANCE, and HOLD HARMLESS Newport Cryotherapy, LLC (hereinafter referred to as RELEASEE) along with its OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, and VOLUNTEERS 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 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 using the Equipment. I have been explained and understand the administration of the process, 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 processes, and is being given by me voluntarily to use the Equipment.
3. I am fully aware of the risks connected with the use of the Equipment, and I am voluntarily participating in said Equipment usage. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS that may be engaged in such activity.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any costs that may incur due to the use of the Equipment by me.
5. It is my expressed intent that this Agreement shall bind the members of my family and shall be deemed as a RELEASE, WAIVER, and DISCHARGE of the above named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with laws of the State of Rhode Island.
6. I understand that the Equipment is designed for the 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 permission. If I should faint due to excess nitrogen inhalation, dehydration, or otherwise, I hold myself responsible for all injuries sustained.

My signature below constitutes my acknowledgement that (1) I have read, understand, and fully agree to the foregoing CONSENT, (2) the equipment processes have been satisfactorily explained to me and I have all of the information that I desire, and (3) I hereby give my authorization and consent. This CONSENT shall stand as long as I use the Equipment at the location now and in the future.

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 (18) years of age and fully competent; and I execute this Release 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 the Equipment and that I am using these services at my own risk. By signing below, I affirm that I have read and fully understand the risks as outlined in this waiver. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

---

**Participant Name Printed**

---

**Participant Signature**

---

**Date**