



CRYOTHERAPY CONSENT FORM

Name _____ DOB _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

How did you hear about us? _____

List the medications you are now taking and the respective doses:

List any allergies you have to drugs, food or other items:

Are you currently under medical care for any reasons? If yes, please explain:

WOMEN ONLY

Are your periods regular? _____

Are you breastfeeding currently? _____

Are you planning to become pregnant soon? _____

CONTRAINDICATIONS FOR WHOLE BODY CRYOTHERAPY:

- PREGNANCY
- RAYNAUD'S DISEASE
- COLD ACTIVATED ASTHMA
- PACEMAKER
- UNCONTROLLED HIGH BLOOD PRESSURE
- OTHER HEART CONDITIONS
- COLD ALLERGIES
- UNFIT FOR EXERCISE
- PVD
- CANCER (UNDERGOING CHEMOTHERAPY)
- HYPOTENSION
- HYPOTHYROIDISM

Whole Body Cryotherapy

With Whole Body Cryotherapy (WBC) the body is exposed to ultra-low temperatures, triggering a systemic anti-inflammatory response. This modality was first utilized in Japan in 1978 to treat rheumatoid arthritis. Studies conducted over the last two decades have established WBC as a powerful treatment for inflammatory disorders and injuries. The accelerated production of collagen improves skin elasticity and texture, reversing skin aging and the appearance of cellulite.

WBC boosts the body's metabolic rate, accelerating weight loss outcomes.

Musculoskeletal:

The anti-inflammatory and analgesic properties of cryotherapy can drastically improve joint disorders such as rheumatoid- and osteoarthritis. Athletes are using whole body cryotherapy to recover from injuries and improve their performance.

Skin:

Skin exposure to temperatures below 200 degrees Fahrenheit triggers the systemic release of anti-inflammatory cytokines, and decreases circulating pro-inflammatory cytokines. This internal response decreases inflammation in all areas of the body. The rapid cooling of the skin activates the production of collagen (similar to lasers treatments of the face, where very hot temperatures are used). The skin regains elasticity and becomes smoother and more even-toned, significantly improving conditions such as cellulite and skin aging. Skin vessels and capillaries undergo severe vasoconstriction (to keep the core temperature from dropping), followed by vasodilation after the procedure. Toxins and other stored deposits are flushed out of the layers of the skin and blood perfusion is improved. The anti-inflammatory properties of cryotherapy are also used to treat chronic skin conditions such as psoriasis and dermatitis.

Endocrine:

The extreme cold exposure causes the body to turn up its metabolic rate in order to produce heat. This effect lasts for hours to days after the procedure, causing the body to 'burn' up to 800 calories following the procedure. After several procedures, the increase in metabolic rate tends to last longer. Another 'survival reaction' to the extreme temperatures is the release of endorphins (hormones) that have analgesic and anti-inflammatory properties, and improve mood disorders. WBC has been studied for the successful treatment of medication resistant depressive disorders.

Immune System:

Cryotherapy improves the function of the immune system and decreases stress levels.

Local Cryotherapy (Spot Treatments)

Our facility uses a liquid nitrogen-cooled device to treat shoulders, back, arms, wrists, legs, and ankles. The rapid cooling of the device operating at -160 degrees Celsius causes fast relief of pain and decreases inflammation, speeding up the healing process. Treatments last three to five minutes.

Cryofacial®

Local application of pressurized nitrogen vapors to the skin of the face and neck. The application stimulates the production of collagen and decreases pore size of the skin. Over time, skin becomes more elastic and even-toned.

Safety Instructions for Whole Body Cryotherapy:

1. You must wear cotton or wool socks (and underwear in men) to avoid chilblain, as well as earmuffs and facemask if you are fully submerged in the chamber.
2. Treatments are limited to 3 minutes per session. Overexposure to the cold temperatures may cause chilblain
3. You may end the procedure at any time if you experience any problems or anxiety
4. 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;
5. A person who is less than (18) years of age may not use whole body cryotherapy without parental consent

Contraindications to using Cryotherapy:

Pregnancy, severe Hypertension (BP> 180/100), acute or recent myocardial infarction, unstable angina pectoris, arrhythmia, symptomatic cardiovascular disease, cardiac pacemaker, peripheral arterial occlusive disease, cold-activated asthma, venous thrombosis, acute or recent cerebrovascular accident, uncontrolled seizures, Raynaud's Syndrome, fever, Cryoglobulinemia, Cryofibrinogenemia, Agammaglobulinemia, Active Cancer, DVT, Acute infections, Certain medications (antipsychotic, alcohol), Cold intolerance/allergy to cold, Damaged skin, Claustrophobia, Hypothyroidism, symptomatic lung disorders, bleeding disorders, severe anemia, infection, claustrophobia, cold allergy, age less than 18 years (parental consent to treatment needed), acute kidney and urinary tract diseases.

Precautions

Heart valve malfunction, Arrhythmia, Angina, A history of vein thrombosis and clotting, Excessive sweating

Risks of whole body cryotherapy/cryofacial/ local cryotherapy:

Fluctuations in blood pressure (whole body cryotherapy only, due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment), allergic reaction to extreme cold (rare), anxiety, temporary redness of the skin, chill blain/skin burns/scarring (very rare).

Waiver of Liability and Hold Harmless Agreement:

1. In consideration for using the cryotherapy treatments/machines (Equipment), I hereby release, waive, discharge, and hold harmless CryoVive, Cryotherapy of Green Bay, its officers, servants, agents, liquid nitrogen suppliers, employees and volunteers (hereinafter referred to as releases) 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 the cryotherapy 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 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 process, 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. I further hereby agree to indemnify and hold harmless the releases from any loss, liability, damage or costs that may incur due to the use of Equipment by me.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, 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 releases. 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 Wisconsin.

5. I understand that the releases will not be responsible for any medical costs associated with any injury.

6. 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 (1) I have read, understand, and fully agree to the foregoing consent, (2) the proposed cryotherapy process has been satisfactorily explained to me and I have all of the information 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.

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 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 cryotherapy devices 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's Printed Name

Signature

Date

Parent or Legal Guardian of Participant Name

Signature

Date

LED & CELLUMA CONSENT FORM

LED Light Therapy & Celluma Light Therapy are considered a non-invasive and safe treatment. Considerable medical research supports the statement free of side effects, however there are conditions which should preclude treatment. While medical doctors and researchers suggest there are no side effects, it is important that any user avoid the following contraindications (see below).

System The ARRC EDGE is designed to present 3 different phototherapy wavelengths of Red/ 633nm, Blue/465nm, Green/530nm and Infra-Red/850nm which are suggested to lead to series of cellular responses that cascade into tissue, organ and systemic benefits.

Dose Based on research posted on the NIH Pubmed website the ultimate treatment protocol is one treatment (dose) per week at the energy output offered by the ARRC EDGE. We suggest dose time to be set at 20 minutes (approximately 30 Joules RED/IR). In the event recovery from an injury is required, research suggests multiple treatments over the first 2 4 weeks, trailing off to one treatment per week thereafter or as advised by your physician.

Hyper-Dosing Not Effective: Research suggests that more is not better (Arndt-Schultz law of phototherapy). With over-use, the treatment benefits may cancel. While additional research regarding dose, pulsing and wavelength is needed, studies suggest that more than 50 Joules (while not harmful) begin to cancel out the benefits. The ARRC LED delivers appx 44 Joules in a 30-minute session, and as such we suggest treatment times be under 30 minutes

You may feel recovery and performance benefits in the first session, but no claims are made as to the effectiveness of the system, if any. These statements have not been reviewed by the FDA.

Like photosynthesis for the body, LED Light Therapy & Celluma Light Therapy helps energize your cells, detoxify waste and free radicals and increase nutrient transfer. In addition, research suggests that it can help reduce inflammation, considered one of the biggest health issues of our modern lifestyle. This research is clearly posted on <http://arrcled.com/research>.

Non-Invasive: Researchers suggest LED Light Therapy & Celluma Light Therapy is a safe treatment, free of side effects, damage or recovery time, however some conditions may be triggered by LED Light Therapy& Celluma Light Therapy

CONTRAINDICATIONS FOR LIGHT THERAPY:

- **WOMEN WHO ARE PREGNANT SHOULD CONSULT THEIR PHYSICIAN BEFORE BEGINNING LIGHT THERAPY TREATMENTS**
- **CLIENTS WITH EPILEPSY SHOULD CONSULT THEIR PHYSICIAN BEFORE BEGINNING LIGHT THERAPY TREATMENTS.**
- **CLIENTS MUST WAIT FIVE DAYS AFTER RECEIVING BOTOX OR COSMETIC FILLERS BEFORE UNDERGOING LIGHT THERAPY TREATMENTS**
- **SPECIFIC THYROID CONDITIONS MAY BE CONTRAINDICATED OR LIGHT THERAPY. PLEASE SEE YOUR LIGHT THERAPY PROVIDER FOR MORE INFORMATION.**

CAUTIONS WITH MEDICATIONS BECAUSE OF LIGHT SENSITIVITY:

- *Chlorpromazine (Anti-psychotic), also known as Thorazine, Chlorpromazine Hcl, Sonazine. You can be treated if the medication has not been taken within the last eight days.*
- *Griseofulvin (Anti-Fungal), also known as Grifulvin V, Fulvicin P/G, Gris-Peg. You can be treated if the medication has not been taken within the last five days.*
- *Isotretinoin (Anti-Acne), also known as Accutane. You can be treated if the medication has not been taken within the last six months.*
- *Tetracycline's (antibiotic) also known as Helidac, Terra-Cortril, Terramycin, Sumycin, Tetracycline Hcl, Bristacycline, Achromycin V, Actisite, Tetrex, Doxycycline, Ciprofloxacin.*
- *You can be treated if the medication has not been taken within the last five days.*
- *Tretinoin (Anti-Acne), also known as Retin-A, Renova, Atralin, among others. You can be treated if Tretinoin is used only at night.*
- *Methotrexate (Anti-Arthritis & Anti-Cancer), also known as Methotrexate Sodium, PF & LPF, Mexate-AQ, Folex, Trexall. You can be treated if the medicine has not been taken within the last three days.*
- *Amiodarone (Anti-Arrhythmic), also known as Amiodarone Codarone x, Pacerone. Treatment can be administered only with your physician's written permission.*

Participant's Printed Name

Signature

Date

Parent or Legal Guardian of Participant Name

Signature

Date