



## Physical Readiness Questionnaire

Date \_\_\_\_\_ Customer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ H Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**FOR MINORS ONLY:** Emergency Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Relationship \_\_\_\_\_

How did you hear about this cryosauna location? \_\_\_\_\_

### What is Whole Body Cryotherapy:

Whole body cyotherapy is the exposure of a person's skin to temperatures of -130 to -170 degrees Celsius (-238 to -274 degrees Fahrenheit) for a short time (3 minutes or less). At this extreme temperature, the body activates several mechanisms that have significant long-term medical and cosmetic benefits:

#### Skin:

The outer skin is briefly 'frozen', activating increased production of collagen in deeper layers of the skin (similar to laser treatments of the face, where very high temperatures are used). The skin regains elasticity and becomes smoother and 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 after several treatments.

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 5-8 hours after the procedure, causing the body to 'burn' 500 – 800 Kcal over the hours following the procedure. After several procedures, the increase in metabolic rate tends to last longer between treatments. Another 'survival reaction' to the extreme temperatures is the release of endorphins (hormones) that have analgesic and anti-inflammatory properties, and improve mood disorders. Cryotherapy has been studied for the successful treatment of medication resistant depressive disorders.

Patients furthermore experience a noticeable increase in libido, lending to the use of cryotherapy for ED and other sexual disorders.

#### 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.

#### Immune System:

Cryotherapy improves the function of the Immune System and decreases stress levels.

**Contraindications acknowledgement:** Below are Absolute Contraindications and would preclude you from using the whole body walk-in chamber. There are no contraindications to use of the localized cold air devices (spot treatments).

<b>Severe Cardiovascular Conditions</b>	<b>Yes</b>	<b>No</b>
Have you had a heart attack within the previous 6 months?		
Do you have a pacemaker?		
Have you had heart bypass surgery within the past 6 months?		
Do you have Congestive Heart Failure (CHF)?		
Do you have Chronic Obstructive Pulmonary disease (COPD)?		
<b>Circulatory and other risk factors</b>	<b>Yes</b>	<b>No</b>
Do you have Raynaud's disease (more than hands/feet sensitivity)?		
Are you allergic/sensitive to cold?		
Do you have an intrathecal pump (pain pump)?		
Do you have any open wound track or lesions?		
Are you pregnant?		

**PLEASE READ CAREFULLY BEFORE SIGNING**

This is a release of liability and a waiver of certain legal rights. Participation in a Cryotherapy session involves exposure to extreme cold temperature for a short period of time (not to exceed three (3:00) minutes per session). The cold therapy session is followed by a five (5) to ten (10) minute period of light exercise on stationary exercise equipment. Below is a list of 'Contraindications' which preclude participation. In addition, PLEASE BE AWARE, that if you experience any pain or mental or physical discomfort at any time during the process, you are advised to terminate the session immediately by exiting the chamber. You will be observed by a technician the entire time while in the chamber, but are free to walk out at any time.

**Contraindications to using Whole Body Cryotherapy:**

Pregnancy, severe hypertension (BP> 180/100), acute or recent myocardial infarction (heart attack; need to be cleared for exercise), arrhythmia, symptomatic cardiovascular disease, acute or recent cerebrovascular accident (stroke; need to be cleared for exercise), uncontrolled seizures, fever, symptomatic lung disorders, bleeding disorders, infection, claustrophobia, intolerance to cold, age less than 18 years (parental consent to treatment needed), incontinence.

**Risks of Whole Body Cryotherapy:**

Fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment. This effect should reverse after the end of the procedure, as peripheral circulation returns to normal), allergic reaction to extreme cold (rare), claustrophobia, anxiety, activation of some viral conditions (cold sores) etc. due to stimulation of the immune system.

## **LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration of being permitted by Rejuvenations, Inc. to participate in the whole body walk-in chamber and attendant exercise activity, I hereby waive any and all claims and damages for personal injury or death which may occur as a result of my participation.

I understand and agree that:

1. In consideration for using the cryotherapy device (Equipment), I hereby RELEASE, WAIVE, DISCHARGE, and HOLD Rejuvenations, Inc. or any of its employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any damage or injury that may be sustained by me, 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 process. 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 process, 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, and entering the above named premises to engage in such usage. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS that may be engaged in such an activity.

4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any costs that may incur due to the use of Equipment by me.

5. It is my express intent that this Release and Hold Harmless 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 the laws of the State of Florida.

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 indoor cryo 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.

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.

I HAVE CAREFULLY READ THIS RELEASE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A POTENTIAL CONFLICT BETWEEN MYSELF, AND MY HEIRS AND Rejuvenations, Inc., I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

Furthermore, I agree that I will comply with all instructions on the use of the cryotherapy device 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.

Please do not use any photograph taken of me at your facility on your website, in any social media, or promotional material. (Check Box if applicable)

I understand it is mandatory to wear protective socks / slippers during my whole body cryotherapy session and that I should not remove while in the chamber. I also understand that wet or damp clothing cannot be worn in the chamber. If you need loaner attire, please ask the front desk.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PARENTAL CONSENT FORM FOR MINORS UNDER THE AGE OF 18**

If under 18 years of age, parental consent is required. Please complete below for consent of a minor. Customers are required to be a minimum of 13 years of age for use of the whole-body cryotherapy chamber.

Date \_\_\_\_\_

I, (Print name: Parent or Legal Guardian) \_\_\_\_\_ acknowledge that I have read and understand the Rejuvenations, Inc. waiver acknowledgement of risk regarding Cryotherapy treatment.

My son/daughter (Print Minor's Name) \_\_\_\_\_ has also read and acknowledged the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo treatment.

Parent/Guardian Signature \_\_\_\_\_

Minor Signature \_\_\_\_\_