

CLIENT INFORMATION

| | | | | |
|------------------------|---------------|----------------------------|------------------|----------------------|
| Last Name | | First Name | | Middle Initial |
| Date of Birth | Sex M F | Email | | Join Our Newsletter! |
| Primary Contact Number | | Receive Text Notifications | Work/Home Number | |
| Address | | | | |
| City | | State | Zip Code | |
| Emergency Contact Name | | Contact Number | | Relation |

WHOLE BODY CRYOTHERAPY

Physical Capability Requirements: Whole Body Cryotherapy (WBC) involves exposure to extreme cold temperatures for a short period (not to exceed 3.5 min per session). You are free to ask the attending technician to lower the window or to step out of the chamber at any time. The WBC session is followed by 5-10 min period of light whole body vibration exercise.

CONTRAINDICATIONS (read and initial)

_____ I deny any history of seizures, skin reactions to cold environments, blood disorders (hemophilia or blood clot), open wounds, major circulatory or heart conditions (deep vein thrombosis, congestive heart disease, heart attack or heart bypass surgery within the last 6 months), COPD, Spinal stimulator implant, or any other implant device, chronic or acute kidney conditions, currently pregnant, or pacemaker.
initial

_____ I understand that it is mandatory to wear a headband, mask, mittens, tube socks, and enclosed footwear during my Whole Body Cryotherapy (WBC) session as a safety precaution. I also understand that I should not remove this personal protective equipment during my WBC session.
initial

_____ I understand that wet or damp clothing cannot be worn at any time during WBC session.
initial

HYPERBARIC OXYGEN THERAPY

Physical capability requirements: Hyperbaric oxygen therapy (HBOT) involves breathing concentrated oxygen (up to 95%) while in our mild HBOT chamber that is compressing the air around you (at 1.3 ATP). Typical treatment times are 60 to 90 min long. The technician will assist you while entering and exiting the chamber. You are asked to take your phone in the chamber with you so you can call the technician at any time, if you need to end your session early.

CONTRAINDICATIONS (read and initial)

_____ I deny any history of acute asthma attacks, seizures, optic neuritis, pneumothorax (collapsed lung), aneurism, Glaucoma, severe heart or lung disease, congenital spherocytosis. I deny that I am currently pregnant, high fever, cold or upper respiratory infection, ear infection, or that I am currently taking Cisplatinum, Disulphiram, or Doxorubicin.
initial

INFRAFITX

Physical capability requirements: InfracitX involves mild to moderate exercise on a recumbent bicycle while being surrounded by infrared lights. The typical session time is 40 min. You can end a session at any time by pressing the pause button on the screen, or by ceasing to peddle and stepping off the machine. Machine has a weight limit of 600 lbs.

CONTRAINDICATIONS (read and initial)

_____ I deny pregnancy, balance issues, or a pacemaker, systemic lupus erythematosus or multiple
initial sclerosis, Hemophiliacs and anyone predisposed to hemorrhage, current fever, and recent alcohol usage.

JADE SAUNA

Physical capability requirements: Jade Sauna Therapy Uses infrared light and jade stones.

CONTRAINDICATIONS (read and initial)

_____ I deny pregnancy, or a pacemaker systemic lupus erythematosus or multiple sclerosis,
initial Hemophiliacs and anyone predisposed to hemorrhage, current fever, and recent alcohol usage.

LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of being permitted by Frost Fit to participate in their service, 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;

- This release is intended to discharge, in advance, Frost Fit, its officials, employees, and agents from and against all liability arising out of, or connected in any way with my participation in these activities.
- Participation may involve risk of serious injury, illness, disability, or death.
- Knowing the risks involved and the contraindications related, I choose to participate.
- I will indemnify and hold harmless Frost Fit, it's owners, officers, and employees from any loss, liability, damage, cost or expense, including litigation of any form.
- I am in good health and have no physical condition expressed in the 'Contraindications' or otherwise which would preclude me from safely participating in such activities.

I understand and agree that this release is intended to be as broad and inclusive as permitted under the law of the state of Nevada and that if any portion of this Hold Harmless, Release and Indemnification Agreement should be determined to be invalid, it is my intent that the remaining provisions shall continue in full force and effect.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for using any Frost Fit devices (equipment), I hereby release, waive, and hold harmless Frost Fit (hereinafter referred to as RELEASE) along with all associates/employees 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 while using the equipment, or due to using the equipment.

I hereby confirm that no warranty, guarantee, or assurance has been made to me covering the results of the Cryo process or any other equipment. I have been explained and understand the process, including possible adverse reactions, side effects, or other possible complications.

I am fully aware of the risks connected with the use of the equipment, and am voluntarily participating in 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 ANY SUCH ACTIVITY.**

It is my 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 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 consent. I hold myself responsible for any harm or injuries sustained.

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, MY HEIRS, AND FROSTFIT. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

_____ I have completely read this waiver.
initial

ACCEPTANCE

The terms and conditions of the above client waiver are hereby accepted on:

_____ by _____
Date Client Signature

CONSENT FOR TREATMENT OF MINOR

I, _____ acknowledge that I have read and understand
(printed name of parent or legal guardian)
the Frost Fit waiver and acknowledge the risks associated with the equipment. I give permission for
_____ to undergo treatment.
(print minor's full name)

Signature of Parent or Legal Guardian

Parent or Guardian Name (print)

Signature of Witness

Witness Name (print)

