

CONFIDENTIAL

CONSENT FORM

Whole-body cryotherapy consists of exposing a person’s skin to extremely cold temperatures for a short time, not to exceed 5 minutes. This activates the body’s response to extreme cold. During the session, a technician will be present for the entire duration of your session. You are free to exit the chamber at any time. The chamber session is followed by a 5-10 minute rewarming period of light movement or exercise.

You must follow all safety precautions and posted instructions before entering cryotherapy chamber:

- You must be completely dry -no sweat, lotions, oils, moisture, or condensation.
- You must not be wearing any metal, including zippers, underwire, and any jewelry. If you have any piercings you can’t remove, we can cover and insulate them. Please tell technician if you have any internal metal implants.
- Underwear or bathing suit must be worn at all times.

You must be wearing proper protection (provided) at all times:

- Face mask
- Gloves or mittens
- Ear muffs or ear coverings
- Socks AND slippers

You may not enter chamber if you have/are any of the following:

Pregnancy	Pacemaker	Uncontrolled seizures
Hypertension (BP>140/90)	Peripheral vascular disease	Severe Raynaud’s disease
Hypotension(BP<90/60)	Under 18 without parental consent	Inebriated
Acute or recent myocardial infarction or heart attack	Cold allergy	Fever
Unstable angina pectoris (chest pain)	Cold-activated asthma	Active cancer (and undergoing chemotherapy)
Heart conditions, congestive heart failure, or heart disease	Venous thrombosis	Damaged skin (rashes or wounds)
Cryoglobulinemia	Cryofibrinogenemia	Agammaglobulinemia
Acute infection	Hypothyroidism	Lung disorders
Bleeding or blood disorders	Severe anemia	Kidney or urinary tract diseases
Cardiovascular disease	Acute or recent cerebrovascular accident	DVT or known circulatory dysfunction
Advanced diabetes	Polyneuropathy	Vasculitis
History of passing out/fainting/syncope	COPD	Intrathecal pump (pain pump)
Ever had a stroke	Incontinence	Electronic stimulation implant

If you have any questions about any of these contraindicators, please talk to your technician.

Precautions must be taken before entering the chamber if you have any of the following:

Taking medications	History of vein thrombosis
Heart valve malfunction	History of blood clotting
Arrhythmia	Excessive sweating
Angina	Unfit for exercise

Risks of whole-body cryotherapy:

- Fluctuations in blood pressure (due to peripheral vasoconstriction) may briefly increase up to 10 points systolically during treatment
- Allergic reaction to extreme cold
- Temporary redness of skin
- Chilblains or skin burns/scarring (very rare)
- Abnormal skin sensitivity to cold may be triggered by certain foods, cosmetics, or medication including but not limited to the following: tranquilizers, high blood pressure medication
- Latent viral conditions, such as cold sores, may be triggered due to the stimulation of the immune system

I have carefully read this consent form and agree to follow all safety instructions, written and verbal. I understand the instructions, contraindicators, precautions, and risks of whole-body cryotherapy.

Please do not use any photograph taken of me at your facility on your website, in any social media, or any promotional material.

Signature _____ Date ____/____/____