

CONFIDENTIAL

MINOR CONSENT FORM

Formal written consent by parent or legal guardian for minor child (under age 18) to use the whole-body cryotherapy chamber.

Minor's Name: _____ Date of Birth: __/__/____ Date: __/__/____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Email: _____

- I have completely read and understand each and every provision of the WAIVER, RELEASE of LIABILITY, CONSENT FORM, and HOLD HARMLESS AGREEMENT.
- I hereby give my full Parental or Guardian consent and permission for my minor child (Print Child's Name) _____ to participate in whole-body cryotherapy sessions.
- I acknowledge, understand and represent that my minor child has attained the legal age of eleven (11) years, and that all minors between the ages of eleven (11) and thirteen (13) years must be accompanied in the chamber by a parent or legal Guardian.
- I understand that the cryotherapy treatment consists of spending a short period of time in an extremely cold environment and that I/my child are free to exit the chamber at any time we choose if we feel at all uncomfortable.
- I further understand that because of the extreme cold and the limited size of the Cryotherapy Chamber, I/My child may experience symptoms of claustrophobia, hyperventilation, skin irritation (including frostbite), and cold burn.
- I/We acknowledge that participation in this process is completely voluntary and at My/Our request. I have read this form and the process has been explained thoroughly to me. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction.

Having been fully informed, I hereby give my Parental or Guardian Consent for my minor child _____ to participate in the cold therapy process either with my accompaniment if between the ages of eleven (11) and thirteen (13), or on his/her own, if between the ages of fourteen (14) and seventeen (17).

Name of minor obtaining Parental or Guardian consent

Parent/Legal Guardian printed name Signature Date: __/__/____