



Consent, Release, Assumption of Risk & Indemnity Agreement

The Cryoskin safely and effectively uses thermal shock to naturally destroy fat cells without any damage to the skin. The Cryoskin breaks down fat cells, which your body naturally flushes out through the bloodstream and then the lymphatic system in the days to weeks following the session. Cryoskin also helps to reduce the appearance of cellulite, fine lines and wrinkles by stimulating collagen and elastin production while tightening muscles. Cryoskin is highly beneficial for facial toning and lifting. Cryoskin also aids in pain relief. Protocols will be discussed and or adjusted during consultation and treatment based on recommendations and client needs.

Initial

I understand that results may vary depending on individual factors including but not limited to medical history, prior treatments of areas being treated, skin type, medication, hormones, patient compliance with pre/post session instructions and individual response to treatment. I understand that I must maintain good dietary habits, have sufficient water intake and participate in light physical activity as well as comply with other items outlined during consultation.

Initial

In participating in the Services, you may be photographed, videoed or otherwise recorded by the Company for client records, safety, monitoring, training and marketing purposes. You hereby consent to such usage of your imagery for all and any such purposes by the Company and hereby agree that the Company without any payment to you shall in all cases be the sole owner of all intellectual and other proprietary rights therein without any restrictions whatsoever.

Initial

Contraindications

Cryoskin should not be used on or applied to clients who have certain medical conditions and/or contraindications as listed below:

	<u>Date</u>
Do you have cancer or a history of cancer?	YES/NO
Are you undergoing active radiation/chemotherapy?	YES/NO
Do you suffer from serious kidney disorder?	YES/NO
Are you on dialysis?	YES/NO
Do you have any lymphatic drainage disorders?	YES/NO
Progressive Diseases (ALS, Parkinson's, MS, Neuropathy)	YES/NO
Wound healing disorders	YES/NO
Do you have circulatory issues?	YES/NO
Have you had Botox in the past 30 days?	YES/NO
Have you had fillers in the past 90 days?	YES/NO
Do you suffer from Type 1 Diabetes?	YES/NO
Do you have loss of sensation in your extremities?	YES/NO
Have bacterial/viral infections of the skin?	YES/NO
Are you pregnant, lactating or undergoing IVF?	YES/NO
Do you suffer from Cold sensitivity or Reynauds?	YES/NO
Recent surgery? (last 3 months)	YES/NO
Do you have Eczema, Rashes, or dermatitis?	YES/NO
Have you had breast augmentation?	YES/NO
Silicone or other implants in desired treatment area?	YES/NO
Any other elective surgery?	YES/NO
Use of topical antibiotics in desired treatment area?	YES/NO
Do you currently have open or infected wounds?	YES/NO
Do you have mesh/metal inserts?	YES/NO
Are you currently taking hormone therapy of any kind?	YES/NO

I have read and acknowledge the contraindications of Cryoskin. The statements provided above are factual to my knowledge. I understand that any procedure involves risk. Risks may include redness, swelling, irritation, skin reaction, or increased heart rate. Some may experience delayed onset muscle soreness from treatments on the stomach due to unintentionally engaging the abdominals, which disappear later the same day. I understand that each person has a different reaction to Cryoskin. The risks, benefits, and possible results have been explained to me. I have been provided the opportunity to ask questions and receive satisfactory responses.

Initial

By engaging CryoChakra (for the purposes referred to together herein as the "Company") to provide cryotherapy, infrared sauna, Reiki, vibration therapy, breath-work, chakra balancing, yoga instruction, hip bath, ionic foot-bath, naval candling, and related services ("Services") and using the Company's equipment and facilities in relation thereto, I hereby acknowledge on behalf of myself, my heirs, personal representatives and/or assigns, that there are certain inherent risks and dangers associated with receiving Services and my use of the Company's equipment and facilities. At all times, I shall comply with all stated and customary terms, posted safety signs, rules and written/verbal instructions given to me by the Company's staff. I understand and agree that I may be denied access to Services until I furnish the Company with an opinion letter from my medical doctor, at my sole cost and expense, specifically addressing the Company's concerns and stating that the Company's concerns are unfounded.

I hereby (1) agree to assume full responsibility for any and all injuries or damage, which are sustained or aggravated by me in relation to my receiving of the Services. (2) release, indemnify, and hold harmless the Company, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to the Services, and (3) represent that: (a) I have no medical or physical condition that would prevent me from receiving the Services, (b) I do not have a physical or mental condition that would put me in any physical or medical danger, (c) I have not been instructed by a physician to not receive the Services, (d) no warranty or guarantee, or other assurance, has been made to me covering the results of the Services, (e) knowing the risks involved I nevertheless chose to voluntarily request the Services. Notwithstanding the foregoing (and by way of illustration only and not (limitation) if any of the following apply to me or if I'm unsure for any reason, I hereby acknowledge the Company's recommendation that I consult a medical physician before receiving Services

By signing below, I _____, acknowledge and certify that I have read and understand the "Consent, Release Assumption of Risk & Indemnity", fully understand its terms, and understand that I am giving up my right to sue the Company under any circumstances. I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is indefinite. I acknowledge that I have been urged to avoid bringing valuables into and onto the Company's facilities and the Company shall not be liable for the loss of, theft of, or damage to my personal property, including items left in lockers, bathrooms, or anywhere else in the Company's facilities. I understand that I must be 18 years old to participate in Services. I understand that all services are elective and voluntary, all sales are final and refunds are not permitted.

Printed Name:

Signature:

Date of Birth:

Phone #:

Address::

Technician:
