

CRYOTHERAPYINDY

Accelerated Recovery | Enhanced Performance

Name: _____
(First) (Middle Initial) (Last)

Address: _____ City: _____ ST: _____ Zip: _____

D.O.B.: ____ / ____ / ____ Sex: M or F Height: _____ Weight: _____
M D Y

Primary Phone: _____ Secondary Phone: _____

Email: _____ How did you hear about CTI? _____

Emergency Contact: _____ Relation: _____ Phone: _____

Waiver of Liability, Release and Hold Harmless Agreement:

We make all reasonable efforts to ensure a comfortable, clean, and safe environment for you. As such, you may be provided the opportunity of using our Floatation Devices (also called Isolation Device and Sensory Deprivation Device) and Normatec. Please read over the following information and sign your name at the bottom of the form to indicate your agreement and adherence with our policies and procedures.

I agree to the following:

I am at least 18 years of age. No representations have been made to me concerning my use of the Floatation Device.

I do not have any oils or creams on my body.

I have not sprayed tanned or had my hair dyed within 72 hours.

I have not received a Henna application within the last 2 weeks.

I have not shaved within 24 hours.

I agree to thoroughly shower with soap before the use of the Floatation Device.

I do not suffer from any claustrophobic or small or enclosed space anxiety provoking disorders.

I do not have any communicable or infectious disease, illness, skin disorder, cuts, open sores or wounds.

I do not have a condition nor am I medicated in any manner, which may be adversely affected by profound relaxation and/or immersion in a concentrated magnesium sulfate (Epsom salt) water solution.

I am not under the influence of any medication, drugs or alcohol.

I do not have a history of high ($\geq 180/120$) or low ($\leq 90/50$) blood pressure.

I am not diabetic with an insulin dependency unless my diabetes is under medical control so that I am in sufficient safety to use the Floatation Device.

I do not have kidney disease.

I do not suffer from uncontrolled seizures or epilepsy.

I am not currently menstruating.

I have consulted with, and secured written permission from my physician to use the Floatation Device if I am pregnant.

I understand that the Floatation Device uses:

Epsom salts / U.S.P. Pharmaceutical grade magnesium sulfate

Ultraviolet sterilization system

Natural enzymes, Hydrogen peroxide and non-toxic biodegradable cleaning products

I further understand that each individual may have a unique experience. I have been given an orientation, which familiarized me with the safe and appropriate use of the Floatation Device. I agree to assume all risk and to take full responsibility for my thoughts and actions while using the Floatation Device and this waiver of liability and all agreements made herein shall apply to each and every use of the Floatation Device by me.

I understand that there are wet and slippery floor surfaces at the location of the Flotation Device and that I will use care and precaution when using the Floatation Device premises and assume any and all liability due to injury and/or damage resulting from any slip and fall incident occurring at the Floatation Device premises.

Any other provision of this Release to the contrary notwithstanding, I understand that I am strictly liable for any damages, deterioration and/or loss of use of the Flotation Device, its systems and/or contents. Should such loss occur due to my use of the Flotation Device for any reason, including, but not necessarily limited to contamination by hair dye, tanning products, bodily fluids and excrement and the like I understand that I am liable for the loss of use of the Flotation Device, damage to the Flotation Device and its systems, as well as the reasonable cost of replacing the water and chemical solutions used in the Flotation Device.

I hereby assume all risk associated with my use of the Floatation Device and Normatec. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against CryoTherapy, Indy, Inc, Integrated Health Solutions Inc, Dr. Charbel Harb. and its employees and agents and hold them harmless from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to the use of the Floatation Device and Normatec, including but not limited to any slip and fall incident referred to above. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Indiana.

Contraindications to using NormaTec:

_____ Initial

Acute pulmonary edema, acute thrombophlebitis, acute congestive cardiac failure, acute infections, Deep Vein Thrombosis, episodes of pulmonary embolism, wounds, lesions or tumor at or in the vicinity of application, where increased venous and lymphatic return is undesirable, bone fractures or dislocations at or in the vicinity of application.

Cancellation Policy:

_____ Initial

I will abide by the 24 hours cancellation policy when rescheduling or cancelling appointments, otherwise I understand that I will be charged the full session price.

Monthly Membership:

_____ Initial

I understand that it is my responsibility to terminate my membership upon which charges for subsequent months will cease, and I am aware that there are no refunds or back pay of any lapsed and non used membership time when you terminate your membership. I am aware that Membership A floats can be shared only with my significant other whom I live with, and Membership B floats can only be shared with up to 4 family members within my household.

Participant's Printed Name

Signature

Date

If Participant is Under 18: Name of Parent or Legal Guardian

Signature

Date