

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: _____ Email: _____

How did you hear about CTI? Google Facebook Groupon Other _____

Emergency Contact: _____ Relation: _____ Phone: _____

Waiver of Liability, Release and Hold Harmless Agreement:

I hereby release Cryotherapy Indy Inc. from any liability for damages from illness, injury, and/or death that arises out of, or is connected with or in any manner relates to, client's use of the Far Infrared Sauna/ Facilities and services provided at or by the Cryotherapy Indy inc.

I agree to the following:

I am 18 years of age or older.

I will not remain in the sauna past my session time.

I will not temper with the temperature controller and/or settings of the sauna.

I will not use the whole body cryotherapy machine after my infrared sauna session.

I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.

I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the Far Infrared Sauna/Facilities and its services in a safe manner.

I understand and agree that it is my responsibility to assess the hazards presented by my use of the Far Infrared Sauna/ Facilities and services of the Far Infrared Sauna/Facilities, and further agree that I am the ultimate judge regarding my personal use of the Far Infrared Sauna/Facilities and services without risk of harm to myself.

I understand and expressly assume all responsibility and potential risk incident to using the Far Infrared Sauna/Facilities and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against Cryotherapy Indy Inc.

My use of the Far Infrared Sauna/Facilities is entirely optional and is of my own free choice. My use of the Facilities is in no way a requirement of Cryotherapy Indy.

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 Far Infrared Sauna/Facilities, its systems and/or contents. Should such loss occur due to my use of the Far Infrared Sauna/Facilities for any reason.

I hereby assume all risk associated with my use of the Infrared sauna 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 Infrared Sauna 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 Infrared Sauna:

_____ Initial

If you have a recent sprain, bruising, laceration or surgery, the affected area(s) should not be heated for the first 48 hours after an injury OR until the swelling has reduced. Wait 20-30 minutes, following strenuous exercise, to use the infrared sauna. Allow your body to cool down completely before entering the sauna. If you don't sweat. Hemophiliacs and anyone predisposed to hemorrhage. Pregnant or lactating women.

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 sauna sessions can be shared only with my significant other whom I live with, and Membership B sauna sessions 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