

**FORMAL WRITTEN CONSENT BY PARENT OR LEGAL GUARDIAN  
FOR MINOR CHILD (UNDER 18 YEARS OF AGE)**

Minor's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Below are the Guidelines for anyone under 18 wishing to use the services of Degree Wellness LLC ("Degree"):**

- Full Body Cryotherapy, Cold Plunge, Local Cryotherapy, Infrared Sauna, Red Light Therapy, Cryo Facial, Celluma LED Light Facial, Dry Float, NormaTec Leg Compression, Oxygen, IVs and Booster Injections are suitable for youths 16 and older.

**If your child can answer yes to any of the below questions he/she MAY NOT participate in Full Body Cryotherapy or Cold Plunge.**

**Absolute Contraindications**

Have you had a heart attack within the previous 6 months?

Do you have a pacemaker?

Have you had a heart bypass or valvular disease within the previous 6 months?

Do you have congestive heart failure?

Do you have chronic obstructive pulmonary disease (COPD)?

Do you have an intrathecal pain pump or any electro stimulation implant device?

Do you have any chronic or acute kidney conditions?

Are you pregnant?

**Potential Contraindications**

Do you have a history of seizure disorder?

Do you have cold allergies with known skin reactions to cold?
Do you have any blood disorders (such as Hemophilia or blood clots)?
Do you have any major circulatory dysfunction (such as deep vein thrombosis)?
Do you have Heart Arrhythmia or Atrial Fibrillation?
<b>Other Risk Factors</b>
Do you have any open wounds, sores, or healing disorders?
Are you under the influence of drugs or alcohol?

**LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT**

- I acknowledge, understand and represent that my minor child has attained the legal age of sixteen (16) years old.
- I understand that several of the services Degree offers consist of spending a short period of time in environments that are extremely cold or hot and that the minor child feel uncomfortable (though he/she may exit the service at any time they choose). I further understand that because of the extreme temperatures and the limited size of the treatment areas, my child may experience symptoms of claustrophobia, hyper / hypo -ventilation, skin irritation, and/or burn.

In consideration of being permitted by Degree Wellness to participate in their services, I hereby waive any and all claims and damages for personal injury or death, which may occur as a result of my participation. I understand and agree that:

1. This release is intended to discharge in advance Degree Wellness, its officers, officials, employees, agents and volunteers from and against all liability arising out of or connected in any way with my participation in these activities;
2. Participation may involve risk of serious injury, illness, disability or death and may result not only as a result of my actions, negligence or inaction, but also from the action, negligence or inaction of others, including their owners, officers, officials, employees, or volunteers and may result from the conditions of the facilities, equipment, or areas where such activities are being conducted;
3. Knowing the risks involved and the contraindications related, I nevertheless chose voluntarily to request permission for said minor child to participate;
4. I will indemnify and hold harmless Degree Wellness, its owners, officers, officials, employees and volunteers from any loss, liability, damage, cost or expense, including litigation of any form, arising out of or connected in any manner with my and/or said minor child’s participation in such activities;
5. Minor child is in good health and has no physical condition expressed in the ‘Contraindications’ or otherwise which would preclude him/her from safely participating in such activities;
6. I understand and agree that this release is intended to be as broad and inclusive as permitted under the law of the State in which it is executed and that if any portion of this Hold Harmless, Release and Indemnification Agreement should be determined to be invalid, it is my intent that the remaining provisions shall continue in full force and effect.

I/We acknowledge that participation in any services are completely voluntary and at My/Our request. We have completely read and understand each and every provision of the Contraindications/Waiver/Hold Harmless / Indemnifications conditions and the processes have 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**

\_\_\_\_\_ (Child's Name) to participate in: (circle all that apply):

- Full Body Cryotherapy
- Cold Plunge
- Local Cryotherapy
- Infrared Sauna
- NormaTec Leg Compression
- Red Light Therapy
- Celluma LED Light Therapy
- Oxygen Therapy
- Cryo Facial
- Dry Float Therapy
- IV Drips
- Booster Injections

**Parent/Legal Guardian's Name (printed) and signature:**

\_\_\_\_\_ (Printed)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)