

**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:

- Whole Body Cryotherapy and Infrared Saunas are best for Youths 12 and Older
- Leg Compression Therapy is best for youths 12 and older and at least 5' tall
- Localized Spot Cryotherapy is suitable for youths of all ages and works great on sprains, bumps, bruises, and aches & pains in specific targeted areas.... hand, wrist, knee, elbow, hip, thigh, etc.

If your child can answer yes to any of the below questions he/she MAY NOT participate in Whole Body Cryotherapy.

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?

Relative 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 Arterial Fibrillation?

Other Risk Factors

Do you have any open wounds, sores, or healing disorders?

Are you under the influence of drugs or alcohol?

PHYSICAL CAPABILITY REQUIREMENTS

Participation in a Whole Body Cryotherapy (WBC) session involves exposure to extreme cold temperature for a short period of time (not to exceed 3 minutes per session). During the WBC session, the chamber technician will be present during the entire duration of your session. Additionally, you are free to walk out of the chamber at any time.

LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

- I acknowledge, understand and represent that my minor child has attained the legal age of twelve (12) years, and **that all minors between the ages of twelve (12) and fifteen (15) years must be accompanied by a parent or Legal Guardian.**

- I understand that the Whole Body Cryotherapy treatment consists of spending a short period of time in an extremely cold environment and that the minor child is free to exit the chamber at any time they choose if he/she feels at all uncomfortable. I further understand that because of the extreme cold and the limited size of the Cryotherapy Chamber, my child may experience symptoms of Claustrophobia, Hyperventilation, skin irritation (including frostbite), and cold 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

_____ to participate in: (circle all that apply):

- Whole Body Cryotherapy
- Localized/Spot Cryotherapy
- Infrared Sauna
- Leg Compression Therapy
- Red Light Therapy

Name of minor obtaining Parental or Guardian Consent

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

Date