



CryoRevive Parent/Guardian Agreement, Waiver and Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING

Date _____ Minor's Name _____ Age _____

Date of Birth _____ Gender: M ___ F ___ Phone/Cell Phone _____

1. I agree to attend my child's first cryotherapy session at CryoRevive.
2. I understand that my child must be fourteen years old or older in order to participate in cryotherapy. My child is fourteen years old or older.
3. I agree that I am responsible for my child's actions while they are on the premises of CryoRevive, before, during and after his or her cryotherapy session, and I am responsible to ensure that my child complies with the terms of this Agreement, Waiver and Release of Liability and all instructions given by CryoRevive, LLC staff.
4. I consent to my child's photograph taken at the facility to be used on the website, in social media, or promotional material. (*Check one*): Yes _____ No _____
5. I understand it is mandatory for my child to wear protective clothing (gloves, socks, slippers, underwear) and that damp or wet clothing cannot be worn in the chamber and that loaner attire is available.

Contraindications:

I will not allow my child to use whole body cryotherapy if he or she has any of the following conditions:

Uncontrolled high blood pressure	Diabetes
Prior heart attack or recent heart surgery	Pregnancy
Unstable chest pain	Nerve pain in feet or legs
Disease of blood vessels	Cold allergy or Raynaud's disease
Heart disease or Congestive Heart Failure	Severe Anemia or abnormal bleeding
Pacemaker	Open sores or skin infections
History of blood clots	Under the influence of alcohol or drug
Cardiovascular or respiratory edema	Seizure disorders
COPD	Acute kidney or urinary tract diseases
Chronic liver disease	Hyperhidrosis - Heavy Perspiration

This list may not be all inclusive. Your child may have other conditions that make whole body cryotherapy inappropriate. Consult with your child's doctor as to whether whole body cryotherapy is right for your child.

BY SIGNING BELOW AND INITIALING ON THE NEXT PAGE, YOU CONFIRM THAT YOU HAVE CAREFULLY READ BOTH PAGES OF THIS AGREEMENT, WAIVER AND RELEASE OF LIABILITY, AND THAT YOU FULLY UNDERSTAND ITS CONTENTS, UNDERSTAND THAT YOU AND YOUR CHILD WILL GIVE UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND THAT YOU VOLUNTARILY AGREE TO EACH OF ITS TERMS.

Parent(s)/Guardian(s) Signature(s) _____

Parent(s)/Guardian(s) Name(s) _____ Cell Phone _____

Agreement is continued on next page]

Instructions:

You agree to ensure that your child follows these instructions:

1. Your child will follow all instructions given by the attendant. Do not allow your child to use whole body cryotherapy without an attendant present.
2. Participation in a whole body cryotherapy session involves exposure to extreme cold temperature for a short period of time (most sessions do not exceed three (3) minutes). Your child's clothing and skin must be dry. Your child must avoid inhaling the nitrogen gas that is emitted into the equipment. By signing this Agreement you confirm that your child is in good health and does not have any of the contraindications identified above or other physical condition that would preclude your child from safely using whole body cryotherapy.
3. If your child experiences any pain or mental or physical discomfort at any time during the process, your child may terminate the session immediately. The chamber will not be locked, and your child is free to walk out of the chamber at any time. You agree that you have familiarized your child with this exit process and your child is prepared to do so if or when he/she feels it is necessary.

Waiver and Release:

1. By signing this Agreement you:
 - a. acknowledge that use of whole body cryotherapy involves risk of bodily injury, illness, disability or death, which may be compounded by the condition of the facilities or equipment, inadequate ventilation of the room in which the equipment is operated, or the negligence of the attendant. You acknowledge that you are voluntarily allowing your child to participate in whole body cryotherapy with knowledge of the dangers involved and accept and assume all risks of injury, illness, disability or death, including but not limited to those caused by the condition of the facilities or equipment, inadequate ventilation of the room in which the equipment is operated, or the negligence of the attendant. You acknowledge that frostbite is a specific risk that you assume.
 - b. expressly waive, and unconditionally release CryoRevive, LLC, and their respective officers,

directors, members, employees, agents, affiliates, successors and assigns (collectively "the Released Parties") from, any and all claims, damages, losses, expenses, causes of action, suits or other liabilities, including any and all claims of any kind that could be asserted either by a parent or legal guardian personally or on behalf of a child, arising out of or connected in any manner to your child's use of whole body cryotherapy.

c. indemnify and hold harmless the Released Parties from any claims, damages, losses, expenses (including attorneys' fees), causes of action, suits or other liabilities arising out of or connected in any manner with your child's use of whole body cryotherapy.

d. agree that this waiver and release is intended to be as broad and inclusive as permitted under law.

e. Whole body cryotherapy is not intended to diagnose, treat, cure or prevent diseases, illnesses, imbalances or disorders. No results from whole body cryotherapy are assured. Every customer is different and responds differently to the therapy.

General Provisions:

1. This Agreement shall be construed and interpreted as broadly as possible under the applicable law of the jurisdiction in which you use whole body cryotherapy, with the words, terms, provisions, covenants, and remedies contained in this Agreement to be enforceable to the fullest extent permitted by applicable law.

2. If any portion of this Agreement is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.

3. The terms of this Agreement shall continue from this date forever and shall apply to each use by you of whole body cryotherapy without the need for you to re-execute this Agreement.

4. This document constitutes the entire agreement regarding your use of whole body cryotherapy and any product, services or equipment connected with the Released Parties and supersedes all prior discussions, agreements and representations about the use, benefits or risks of whole body cryotherapy. This Agreement may only be modified or supplemented in a writing signed by you and an authorized representative of the CryoRevive, LLC.

Parent(s)/Guardian(s) Initials: _____