



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

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

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

Primary Phone: _____ Email: _____

How did you hear about Cryotherapy JAX?

Google _____ Facebook _____ Groupon _____ Friend: _____ Other: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Waiver of Liability, Release and Hold Harmless Agreement:

I hereby release Cryotherapy JAX 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 Cryotherapy JAX.

I acknowledge and agree that I am responsible for my own health; that Cryotherapy JAX associates and/or technicians are not health care practitioners and can not be expected to diagnose and/or treat individual health problems.

I agree to the following:

I am 14 years of age or older.

I do not weigh more than 300 pounds.

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 understand it is my responsibility to bring necessary dry clothing with me.

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.

_____ Initial

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 JAX.

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 JAX. By providing my email address listed above, I understand that I will be added to Cryotherapy JAX newsletter. I understand that I have the option to unsubscribe at any time.

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.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Cryotherapy JAX 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, 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 and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Florida.

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 Florida.

Initial

Cancellation Policy: 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.

Initial

_____ Participant's Name (Print)	_____ Signature	_____ Date
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_____ If Participant is UNDER 18: Name of parent or legal guardian	_____ Signature	_____ Date
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_____ Initial

Contraindications to using Infrared Sauna

1- Joint Injury

If you have a recent sprain, bruising, laceration or surgery, the affected area(s) should not be heated for the first 48 hours OR until the swelling has reduced.

2- Implants

Metal pins, rods, artificial joints or any other surgical implants generally reflect Far infrared waves and thus are not heated by this system, nevertheless you should consult your surgeon prior to using an Infrared Sauna. Certainly, the usage of an Infrared Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb Far infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the Far infrared waves. Since silicone melts at over 200°C (392°F), it should not be adversely affected by the usage of Infrared saunas. It is still advised that you check with your surgeon and possibly a representative from the implant manufacturer to be certain.

3- Fever

Individual should not use the sauna when they have a fever.

4- Hemophiliacs / Individuals Prone to Bleeding

The use of Infrared saunas should be avoided by anyone who is predisposed to bleeding.

5- Chronic Conditions / Diseases Associated with A Reduced Ability to Sweat or Perspire

Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

6- Medications

Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to Far infrared waves or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms.

7- Cardiovascular Conditions

Individuals with cardiovascular conditions or problems (hypertension / hypo tension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

8- Alcohol / Alcohol Abuse

Contrary to popular belief, it is not advisable to attempt to "Sweat Out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

9- Pregnancy

10-Insensitivity to Heat

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