

CONTRAST THERAPY *CHILL & GLOW* EXPERIENCE

GUEST WAIVER & CONSENT FORM**

Please read this document carefully. It contains important information regarding risks, contraindications, and your legal rights. By signing below, you acknowledge and agree to all terms contained in this agreement.

CONTRAINDICATIONS

Do NOT participate in the Fire & Ice Experience if you have any of the following conditions:

- Untreated hypertension
- Decompensating diseases (edema) of the cardiovascular or respiratory system; congestive heart failure
- Metal in your body without prior written doctor's approval
- Unstable angina pectoris
- Pacemaker
- Peripheral arterial occlusive disease
- Deep vein thrombosis (DVT) or known circulatory dysfunction
- Acute febrile respiratory illness (including flu-like respiratory conditions)
- Severe anemia
- Cold allergenic phenomenon
- Bacterial or viral infections of the skin
- Wound-healing disorders (open sores or discharging wounds/skin conditions)
- Raynaud's disease
- Polyneuropathies
- Pregnancy
- Vasculitis

If you are unsure whether any condition applies to you, please consult your physician before participating.

Contrast Therapy Guest Agreements

1. I will not perform breath-holding while inside the cold plunge.
2. I understand that Contrast Therapy sessions involve exposure to extreme cold temperatures for short periods of time (not to exceed five (5) minutes per session). By signing this agreement, I affirm that I am in good health and do not have any of the contraindications listed above or any other condition that would make Fire & Ice unsafe for me.
3. No representations or claims are made as to the therapeutic nature or other benefits of Fire & Ice. Fire & Ice is not intended to diagnose, treat, cure or prevent diseases, illnesses, imbalances or disorders. No results from Fire & Ice are assured. Every customer is different and responds differently to the therapy.

Consent

1. By signing below, I acknowledge that I have read and fully understand this waiver. I voluntarily agree to assume all risks associated with hot and cold contrast therapy and consent to receive the service.

Client Signature: _____

Printed Name: _____

Date: _____