courted

CRYOTHERAPY INTAKE FORM

PERSONAL INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name	
Address	
Email	
Mobile Phone	
Home Phone	
Employer	
Work Address	
Work Phone	
Emergency Contact	
How did you hear about us?	

☐ Male ☐ Female

HEALTH INFORMATION & CONTRAINDICATIONS

Are you currently taking any medications (Including any vitamins or supplements)? If so, please list below.

SEVERE CARDIOVASCULAR CONDITIONS

Do you have untreated hypertension? ☐ Yes ☐ No

Do you have peripheral arterial occlusive disease? ☐ Yes ☐ No

Have you had a heart attack within the previous 6 months? ☐ Yes ☐ No

Do you have valvular heart disease? ☐ Yes ☐ No

Do you have unstable angina pectoris? ☐ Yes ☐ No

Do you have Ischemic heart disease? ☐ Yes ☐ No

Do you have any heart surgery conditions? ☐ Yes ☐ No

Do you have a pacemaker? ☐ Yes ☐ No

Do you have decompensating diseases (edema) of the cardiovascular and respiratory system, congestive heart failure, COPD, or chronic liver disease? ☐ Yes ☐ No

CIRCULATORY/SKIN CONDITIONS

Do you have deep vein thrombosis (DVT) or a known circulatory dysfunction? ☐ Yes ☐ No

Do you have Raynaud's disease? ☐ Yes ☐ No

Do you have bacterial or viral infections of the skin, wound healing disorders (open sores or discharging wound/skin conditions)? ☐ Yes ☐ No

Do you have vasculitis? ☐ Yes ☐ No

BLOOD DISORDERS

Do you have severe anemia? ☐ Yes ☐ No

Do you have consumerist diseases (abnormal bleeding)? ☐ Yes ☐ No

CONDITIONS OF THE NERVOUS SYSTEM / KIDNEY & LIVER FUNCTION

Do you have diabetes? ☐ Yes ☐ No

Do you have acute kidney or urinary tract diseases? ☐ Yes ☐ No

Do you have any seizure disorders? ☐ Yes ☐ No

Do you have hyperhidrosis - heavy perspiration? ☐ Yes ☐ No

Do you have polyneuropathies? ☐ Yes ☐ No

OTHER GENERAL HEALTH CONDITIONS

Do you have acute febrile respiratory (flu like respiratory conditions)? ☐ Yes ☐ No

Are you claustrophobic? ☐ Yes ☐ No

Do you have cold allergenic phenomenon (known allergy to cold)? ☐ Yes ☐ No

Do you have any alcohol or drugs related contraindications? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

Are you currently receiving physical therapy? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Lower back pain
- ☐ Spinal disc problems
- ☐ Major joint dislocation
- ☐ Arthritis or bursitis
- ☐ Cartilage or tendon tear
- ☐ Ligament strain
- ☐ Overuse condition of the knee, shoulder, hip, elbow or other joint

Please tell us what piqued your interest in cryotherapy and what your expectations are for the treatment:

WAIVER OF LIABILITY & MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

ABSOLUTE CONTRAINDICATIONS (PARTICIPATION IN COLD THERAPY SESSION NOT ALLOWED):

- Untreated hypertension (systolic blood pressure above 160)
- Heart attack within the previous 6 months
- Decompensating diseases (edema) of the cardiovascular and respiratory system; congestive
- heart failure, COPD, chronic liver disease
- Unstable angina pectoris
- Conditions after heart surgery or pacemaker
- Peripheral arterial occlusive disease
- Deep vein thrombosis (DVT) or known circulatory dysfunction
- Acute febrile respiratory (flu like respiratory conditions)
- Acute kidney and urinary tract diseases
- Severe anemia
- Cold allergenic phenomenon (known allergy to cold)
- Heavy consumerist diseases (abnormal bleeding)
- Seizure disorders
- Bacterial and viral infections of the skin, wound healing disorders (open sores or discharging
- Wound/skin conditions)
- Alcohol and drug related contraindications
- Ischemic or valvular heart disease
- Active cancer or chemotherapy
- Raynaud's disease
- Polyneuropathies
- Pregnancy
- Vasculitis
- Hyperhidrosis - heavy perspiration
- Diabetes

This list may not be all inclusive, so if you have any particular health problem which you believe would preclude you from participating please check with your physician before participating.

ABOUT THE TREATMENT:

- You should only wear your undergarments. Men (underwear). Women (underwear and bra) .
- We will provide you with a robe, socks, cotton gloves, a towel and the appropriate footwear.
- Please ensure that you are completely dry. You are about to be exposed to extremely cold temperatures and therefore you cannot have any water on your body. This includes perspiration.
- Watches, jewelry and piercing(s) must be removed before entering the cryo chamber.

BEHAVIOR DURING THE TREATMENT:

- Treatments are limited to 3 minutes per session.
- During the treatment, you must avoid inhaling the nitrogen fumes. While non-toxic, the fumes are devoid of oxygen and may cause fainting. Avoiding the fumes can be simply accomplished by keeping your head above the chamber.
- During treatment, you must keep your hands visible to the operator at the upper rim of the chamber as instructed.
- You may end the procedure at any time if you experience any problems or anxiety.
- A person who is less than (18) years of age may not use whole body cryotherapy without parental consent.

RISKS OF CRYOTHERAPY

Fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment. This effect should reverse after the end of the procedure, as peripheral circulation returns to normal), allergic reaction to extreme cold (rare), claustrophobia, anxiety, activation of some viral conditions (cold sores) etc. due to stimulation of the immune system.

In consideration for being permitted by Courted at The St. James to participate in a Cryotherapy activity, 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 Courted at The St. James, its officers, employees and agents from and against all liability arising out of or connected in any way with my participation in these activities;

2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the cryo process, and I hereby release, indemnify and hold harmless Courted at The St. James, its officers, employees and agents, from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this CONSENT is being given in advance of any administration of the process, and is being given by me voluntarily to use the equipment.

3. Participation may involve risk of physical injury 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, employees or agents, may result from the conditions of the facilities or areas where such activities are being conducted;

4. Knowing the risks involved and the contraindications related, I nevertheless choose voluntarily to request permission to participate;

5. I will indemnify and hold harmless Courted at The St. James, its owners, employees and agents from any loss, liability, damage, cost or expense, including litigation of any form, arising out of or connected in any manner with my participation in such activities;

6. I am in good health and have no physical condition expressed in the 'contraindications' or otherwise which would preclude me from safely participating in such activities; I have been advised that if I suffer from any medical condition or illness whatsoever, I am NOT TO USE the equipment without my doctor's written permission.

7. I understand and agree that this release is intended to be as broad and inclusive as permitted under Virginia law and that if any portion of this Liability, Medical 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.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing and the proposed cryotherapy process has been satisfactorily explained to me and I have all of the information I desire. I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by same. Furthermore, I agree that I will comply with all instructions on the use of the cryosauna and that I am using these services at my own risk.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A POTENTIAL CONFLICT BETWEEN MYSELF, AND MY HEIRS AND COURTED/THE ST. JAMES. I VOLUNTARILY AGREE TEACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

PRIVACY POLICY

Courted is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you, unless you notify us in writing that you do not want us to contact you by e-mail or text message. You can unsubscribe from our electronic communications at any time. For more information on our privacy practices, please review our Privacy Policy which is incorporated here by reference.

Printed name

Signature

Date

Participant Parent/Legal Guardian Signature