



Denver Sports Recovery: Whole Body Cryotherapy

CLIENT INFORMATION:

Name: _____

Questions: Please check Yes/No

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 past 6 months? | Yes_____ | No_____ |
| • Do you have Valvular heart Disease? | Yes_____ | No_____ |
| • Do you have any cerebral or abdominal clips? | 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 other Circulatory dysfunction? | Yes_____ | No_____ |
| • Do you have Raynaud's Disease? | Yes_____ | No_____ |
| • Do you have bacterial or viral infections of the skin, (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 conditions)? | Yes_____ | No_____ |
| • Are you claustrophobic? | Yes_____ | No_____ |
| • Do you have cold urticaria? | Yes_____ | No_____ |
| • Do you have any alcohol or drug related contraindications? | Yes_____ | No_____ |
| • Are you Pregnant? | Yes_____ | No_____ |

What is the reason for using Cryosauna Whole Body Cryotherapy?

Check all that apply:

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

Other: _____

How did you hear about Denver Sports Recovery?

Online Search _____ Friend/Family _____ Event _____ Social Media _____ Other _____

About the treatment:

- Client may wear underwear, swimsuit, or provided shorts from DSR. Women have the option go in without clothes if they so wish.
- DSR will provide you with a robe, socks, gloves, 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 moisture on your body. This includes perspiration. Please ask staff for more details if necessary.
- All metal must be removed (watches, jewelry and piercing(s) before entering the cryo sauna. Internal metal (plates, bolts, screws, etc.) will cause no problems.

Behavior during the treatment:

1. For safety reasons, first treatments are typically shorter duration and warmer than maximal temperature and times. Maximal treatment length is 3 minutes per session set at -150 degrees Celsius (-238 degrees Fahrenheit). *Temperature may exceed set amount.
2. 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.
3. You may end the procedure at any time if you experience any problems or anxiety.
4. A person who is less than (18) years of age may not use whole body cryotherapy without parental consent;

INFORMED CONSENT AGREEMENT AND WAIVER OF LIABILITY:

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 cryosauna and that I am using these services at my own risk.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND POTENTIAL AND A POTENTIAL CONFLICT BETWEEN MYSELF, AND MY HEIRS AND CRYOGENESIS. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

Printed Name

Signature

Date (mm/dd/yyyy)

Participant/Parent or Legal Guardian Signature