Cryotherapy waiver

Participation in cryotherapy sessions

I voluntarily choose to take part in cryotherapy sessions provided by **[Business Name]**.

Cryotherapy sessions may include:

- Whole body cryotherapy in an electric cryo chamber
- Partial body cryotherapy in a nitrogen-cooled cryosauna
- Localized cryotherapy applied to a specific area with a handheld device
- Cryo facials and other cold-based treatments offered by the business

I understand that participation is voluntary and that I may end a session at any time by telling staff or stepping out of the chamber.

The business may refuse, delay or end a session if it reasonably believes that I cannot take part safely, have not followed instructions or have a condition that makes a session unsuitable.

Not a medical treatment

I understand that cryotherapy sessions at **[Business Name]** are provided as a wellness and recovery service and are not a medical diagnosis or treatment.

The business has not promised that cryotherapy will cure, treat or prevent any illness, injury or condition, and staff are not medical professionals unless expressly stated otherwise.

Cryotherapy does not replace advice or treatment from a doctor or other qualified healthcare professional. If I have a health condition or am unsure whether cryotherapy is suitable for me, I will seek medical advice before taking part.

Health screening and contraindications

I understand that cryotherapy may be unsuitable for people with certain health conditions. I agree to tell staff before my session if any of the following apply to me:

- Pregnancy or possible pregnancy
- High blood pressure that is not controlled, or very low blood pressure
- A heart condition, irregular heartbeat or heart disease
- A pacemaker, defibrillator or other implanted electronic device
- A heart attack, stroke or heart surgery within the past six months, or as advised by my doctor
- Raynaud’s disease, poor circulation, peripheral vascular disease or a blood clotting disorder

- Cold allergy, cold urticaria or a previous reaction to cold exposure
- Epilepsy, seizures or a history of fainting
- Open wounds, recent surgery, skin infections or broken skin in an area exposed to cold
- Reduced sensation, nerve damage or diabetes affecting the feet or hands
- Severe anaemia, kidney or lung conditions, or breathing difficulties
- Claustrophobia, panic attacks or anxiety in enclosed spaces
- Fever, acute illness or infection
- Medication that affects circulation, blood pressure or sensitivity to cold

I understand that the business may ask for written clearance from a healthcare professional before allowing a session.

If my health changes after signing this form, I will tell staff before my next session.

Cryotherapy risks

I understand that cryotherapy exposes the skin and body to extremely low temperatures, and that the business cannot remove every risk.

Possible risks include:

- Frostbite, cold burns or blistering, particularly where skin or clothing is damp
- Redness, itching, swelling, hives or other skin reactions
- Numbness, tingling or temporary loss of sensation
- Dizziness, light-headedness, nausea or fainting
- Temporary changes in blood pressure and heart rate
- Anxiety, panic or discomfort in an enclosed chamber
- Slips or falls when entering or leaving the chamber
- Low oxygen levels and loss of consciousness if nitrogen vapour is inhaled in a nitrogen cryosauna
- Aggravation of an existing or undisclosed health condition
- Serious injury or, in rare cases, death

I voluntarily accept the ordinary and inherent risks of cryotherapy.

Clothing and protective equipment

I agree to wear the clothing and protective equipment the business requires for the full session.

I agree to:

- Dry my skin completely, including any sweat, before entering the chamber
- Remove wet clothing, jewellery, piercings where possible, watches, glasses and metal items
- Wear the dry gloves, socks, slippers or footwear provided or approved by the business
- Wear dry underwear or other approved covering, and a headband or ear covering where provided
- Avoid applying lotions, oils or creams to exposed skin before a session, unless staff approve them
- Tell staff immediately if any protective item becomes wet, loose or uncomfortable

I understand that protective equipment reduces risk but does not remove it, and that I may be refused a session if my skin, clothing or equipment is not dry.

Session time limits and staff supervision

I agree to stay in the chamber only for the time set by staff, which will not exceed the business's maximum session length of **[Maximum Session Length]**.

Staff will set the temperature and session time and will supervise the full session. I will not operate the equipment or change its settings myself.

I agree to:

- Follow all instructions given by staff before, during and after the session
- Keep moving gently, such as turning or shifting my weight, if staff advise it
- Keep talking with staff or respond when they check on me during the session
- End the session immediately if I feel pain, burning, unusual numbness, dizziness, breathing difficulty or panic
- Never enter the chamber without a staff member present

I understand that first-time clients may be given a shorter session or a less intense setting.

Nitrogen cryosauna safety

Where the business uses a nitrogen-cooled cryosauna, I understand that the cabin is cooled with nitrogen vapour, which can displace oxygen and is unsafe to breathe.

I agree to:

- Keep my head above the top of the cabin and above the vapour at all times
- Never crouch, bend down or lower my head into the cabin
- Stand on the raised platform as instructed and keep my body upright
- Never use the cryosauna alone or without a staff member present for the entire session

- Tell staff immediately if I smell anything unusual, feel short of breath or feel light-headed

I understand that the business will operate the cryosauna in a ventilated room and may use oxygen monitoring equipment, and that staff may stop the session at any time.

Localized cryotherapy

For localized treatments, staff will agree the treatment area with me before starting.

I will tell staff if the treatment area has broken skin, a rash, a recent injury, reduced sensation, metal implants near the surface or any other condition that may affect it.

I will tell the technician straight away if the skin becomes painful, burns, blisters or feels unusually numb, and I understand that redness and temporary numbness may occur after treatment.

Before and after the session

I will not take part while affected by alcohol, recreational drugs or medication that affects my judgment, circulation or alertness.

I will avoid heavy exercise immediately before a session if staff advise it, and I will tell staff if I have recently eaten very little, feel unwell or am unusually tired.

After the session, I will warm up gradually, avoid hot showers or saunas immediately if advised, and tell staff about any skin changes, dizziness or other symptoms. If skin damage or symptoms continue after I leave, I will seek medical advice.

Emergency assistance

If I become ill or injured, I authorise the business and its staff to:

- Stop the session and help me out of the chamber
- Provide reasonable first aid
- Contact my emergency contact
- Contact emergency medical services
- Share relevant health information with emergency responders
- Take reasonable action to protect my immediate safety

I accept responsibility for medical, ambulance and treatment expenses unless applicable law or legally established liability requires otherwise.

Assumption of risk

I knowingly and voluntarily accept the ordinary and inherent risks associated with cryotherapy.

I accept responsibility for injuries, losses or complications caused or materially contributed to by:

- Health information I concealed or provided inaccurately
- A contraindication or health change I failed to disclose
- Wet skin, wet clothing or failure to wear protective equipment
- Staying in the chamber longer than instructed or changing equipment settings
- Lowering my head into a nitrogen cryosauna or ignoring staff instructions
- Taking part while impaired or medically unfit

Liability release

To the fullest extent permitted by applicable law, I release **[Business Name]** and its owners, directors, employees, contractors and representatives from claims arising solely from:

- Ordinary and inherent cryotherapy risks knowingly accepted in this form
- Health information I concealed or provided inaccurately
- My failure to follow session rules, clothing requirements or staff instructions
- My participation while impaired or medically unfit

This release does not exclude or limit liability that cannot legally be excluded or limited.

It does not apply to fraud, intentional misconduct, gross negligence, reckless conduct, violations of mandatory consumer rights or any other liability that applicable law prohibits the business from waiving.

Privacy and recordkeeping

I understand that the business may collect and retain my information, including health screening answers, where reasonably necessary to:

- Confirm my eligibility and consent
- Manage bookings and sessions
- Keep safety and incident records
- Respond to injuries, complaints or legal claims

- Meet insurance and legal obligations

Information will be handled according to the business’s privacy notice and applicable data-protection laws.

Final declaration

By completing and signing this form, I confirm that:

- I have read and understood the entire waiver.
- The health information I have provided is complete and accurate.
- I understand that cryotherapy is not a medical treatment.
- I understand and accept the ordinary and inherent risks of cryotherapy.
- I will keep my skin and clothing dry and wear all required protective equipment.
- I will follow session time limits and all staff instructions.
- I will tell staff about any change in my health before future sessions.
- I had an opportunity to ask questions before signing.
- Participation is voluntary.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Client completion

Contact details

First name *

Last name *

Phone

Email *

Emergency contact name and phone number *

Do any of the following apply to you? *

- [ ] Pregnancy or possible pregnancy
- [ ] Uncontrolled high blood pressure
- [ ] Heart condition, pacemaker or implanted device
- [ ] Heart attack or stroke in the past six months
- [ ] Raynaud’s disease or circulation problems
- [ ] Cold allergy or cold urticaria
- [ ] Epilepsy or seizures
- [ ] Open wounds or skin infection
- [ ] Claustrophobia or panic attacks
- [ ] None of the above

If you selected any condition above, or take medication that affects circulation or blood pressure, please give details

Session type *

- ◯ Whole body cryotherapy
- ◯ Nitrogen cryosauna
- ◯ Localized cryotherapy
- ◯ Cryo facial

☐ I have read, understood and agree to the Cryotherapy Waiver and Assumption of Risk above. I confirm that the health information I have provided is accurate and that I voluntarily accept the risks of cryotherapy. *

Signature *