Studio name _____

Cryotherapy consent

This takes about two minutes. Your answers stay with the salon.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Emergency contact

Health questions

Please answer every question so the salon can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you have Raynaud's, a cold allergy, poor circulation, or numbness in your hands or feet?

☐ Yes ☐ No

Tell us more.

Do you have a heart condition or high blood pressure?

☐ Yes ☐ No

Are you pregnant, or could you be?

☐ Yes ☐ No

Do you have epilepsy, or have bright or flashing lights ever brought on a seizure or migraine?

☐ Yes ☐ No

Do you have a sunburn, an open sore, a rash or a new tattoo today?

☐ Yes ☐ No

Where?

Do you feel unwell today, or have a fever?

☐ Yes ☐ No

Are you uncomfortable in small, enclosed spaces?

☐ Yes ☐ No

What you agree to

Extreme cold

I understand the chamber is far colder than winter weather, and that wet skin, sweat or bare hands and feet can cause frostbite or cold burns.

Initials _____

Dry and covered

I'll enter with dry skin, wear the gloves, socks and slippers the salon gives me, and take off jewelry and anything damp.

Initials _____

Nitrogen-cooled chambers

I understand that in a chamber cooled with liquid nitrogen, the cold vapor can lower the oxygen in the air, which can make someone pass out. That's why my head stays above the vapor and staff watches me the whole time.

Initials _____

Staff stays with you

A staff member stays with me the whole session. I'll keep my head out of the chamber where the device is built that way, and step out at once if I feel lightheaded or short of breath.

Initials _____

Session time

I'll keep to the session time the salon sets, which is a few minutes at most.

Initials _____

No health claims

I understand the salon makes no claim that this service improves my health, and it doesn't take the place of care from my doctor.

Initials _____

Stopping

I can end my session at any time. I'll stop and tell staff right away if I feel dizzy, sick, too hot or too cold, or anything feels wrong.

Initials _____

My answers

My answers are true and complete. I'll tell the salon before a session if my health or medicines change.

Initials _____

Template from Tanning Salon Software https://tanning.greatwork.company/forms/cryotherapy-consent
This is a template and general information, not legal advice. Rules differ by state and sometimes by county, so check yours with your local health department before you use it.

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name

For staff (For the studio)

Chamber or device

Time in the chamber (seconds)

Skin dry, gloves and socks on, jewelry off

☐ Yes ☐ No

Staff stayed with the guest the whole session

☐ Yes ☐ No