



Cryo Treatment Consent

By engaging Glow Health Medical Clinic (for the purposes hereof referred to together herein as the "Company") To provide aesthetic Cryo treatments, and related services ("Services") and using the Company's equipment and facilities in relation thereto, I hereby acknowledge on behalf of myself, that there are certain inherent risks and dangers associated with receiving Services and my use of the Company's equipment and facilities. At all times, I shall comply with all stated and customary terms, rules, and verbal instructions given to me by staff.

Your participation in the Services will *expose you to extremely cold temperatures*. I have read and acknowledged this.

If any of the following apply to me or if I'm unsure for any reason, I hereby acknowledge the Company's recommendation that I consult a medical physician before receiving Services.

Cryo Fat Reduction/Cellulite Treatments/Facial Treatments:

Severe Raynauds	Severe Allergy to cold
Progressive Diseases (MS, Neuropathy, Parkinson's)	Active Cancer or Chemotherapy
HIV/AIDS	Lymphatic Disorders
Uncontrolled Diabetes or Diabetes-related complications	Severe Kidney or Liver Disease
Bacterial and viral infections of the skin	Wound healing disorders/Circulatory Disorders
Pregnancy or breastfeeding	Surgery in the past 6 months
Pacemaker/metal implants	Active/Severe Eczema, rashes or dermatitis
Silicone/other implants in desired treatment area	Mesh inserts in the desired treatment area
Irremovable body piercings in desired treatment area	Topical antibiotic use in desired treatment area
Botox in the past 2 weeks	Fillers in the past 4 weeks

Photo Consent:

Pictures will be obtained for records and may be used for education and marketing purposes, including use on social media. If you do NOT want your photo shared on social media, please make your cryo provider aware.

Assumption of Risk, Waiver, and Release, fully understand its terms, and understand that I am giving up substantial rights including my right to sue the Company under certain circumstances. I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is indefinite.

Printed Name

Signature

Date