



GENERAL TREATMENTS DISCLAIMER

Dear Guest,

Welcome to the Divine Creation Wellness Center To ensure your comfort, health, and safety throughout your visit, we sincerely ask you for a moment of your time to fill in the following questionnaire and sign the release & waiver of liability. We are committed to protecting your privacy. We store and use your data strictly for the purposes related to your visit and use of our services. Your data is confidential, and it is not shared with any third parties.

CLIENT DETAILS

***Required**

- * Full name:
- * Date of birth: (DD-MM-YYYY)
- * Town/City:
- * Mobile phone:
- Email:

By providing your email address you acknowledge and agree to receive emails from Divine Creation Wellness Center about our services, special offers and related news.

- * Emergency Contact Person (name):
- * Mobile phone:
- * Relationship:

* How did you hear about Divine Creation Wellness Center?

- Friend/Family Instagram Google Flyer
- Other (please specify)

CONFIDENTIAL LIFESTYLE

* What is your current main GOAL?

- Wellness Muscle Recovery Pain Management Beauty & Anti-Aging
- Weight Loss

How would you rate your current STRESS level?

- (1=low, 5=high) 1 2 3 4 5

How would you rate your ENERGY level?

(1=low, 5=high) 1 2 3 4 5

How would you rate your SLEEP quality?

Deep Light Bad

How often do you EXERCISE?

Weekly Occasionally Never

How would you describe your DIET?

Balanced Moderate Poor

* Are you currently using any MEDICATIONS (drugs) or undergoing any medical treatments? Yes No

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*** Did you RECENTLY do any of the following?**

Cold Treatments (cryo, ice pack, ice bath)

*If the answer to the previous question is yes, was it within the last 4 hours?

Yes No

Sunbath or Tanning Bed

Local Anesthetic

New Tattoo or New Piercing

Beauty Treatments (slimming, liposuction, silicone implants, Botox, fillers)

Cupping, Acupuncture

Applied Body Lotion, Oil or any Skin Care product in the Last Hour

*** Are you currently under the influence of alcohol and/or other substances?**

Yes No

DO YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING HEALTH CONDITIONS?

*** Whole Body Cryotherapy & Localized Cryotherapy**

Cold or Flu (fever) in the last week Dizziness/Shortness of Breath anxiety disorders Bloating

Diabetes Claustrophobia High Blood Pressure Low Blood Pressure Metal Implants (plates, screws, pins)

Arthritis/Bone Disorder Loss of Sensation (Neuropathy) Thyroid/Hormonal imbalance/PCOS

Asthma/Bronchitis/Pneumonia Epilepsy/Seizures/Light Sensitivity Blood disorders (Anemia, Blood clotting etc.)

Varicose Veins/Thrombosis Kidney or Liver problems Palpitations or Chest Pain Pregnancy

Heart disease/Stroke Pacemaker Circulatory Problems (Vasculitis) Infection of Lymphatic System

Autoimmune Disease Raynaud's disease (numbness) Cancer/Tumor Cold urticaria / Low Tolerance to Cold

Open wounds or ulcers Gangrenous lesions Agammaglobulinemia



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*** The use of the whole-body cryotherapy chamber requires the use of all below listed PPEs at the time of entering the cryo session as well as at all times during the session:**

- Safety shoes, Socks
- Underwear (that does not have any metal components)
- Bottom and top part (mandatory for female visitors)
- Gloves

* Any body part or body surface that is exposed to nitrogen vapors must not have on it (or in it) any metal such as piercing, watch, bracelet etc.

* Any body part or body surface that is exposed to nitrogen vapors must be dry.

RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted by Divine Creation Wellness Center to use any of their services, I hereby release, waive, discharge, and hold harmless Divine Creation Wellness Center, it's offices, employees and contractors from any and all claims, liability, demands, actions and causes of action whatsoever arising out of or related to any loss, damage injury that may be sustained while using the services/products/equipment or due to the use of such. I hereby confirm that no warranty or guarantee has been made to me covering the results of the Divine Creation Wellness Center services or products. 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/service. I am fully aware of the risks and hazards connected with the Divine Creations Wellness Center products/services, including the risk of skin irritation and other injuries. I am voluntarily participating in the use of the services and voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may be sustained. It is my express intent that this Release and Waiver of Liability Agreement shall bind the members of my family and my heirs, assignees, and personal representatives. My signature below constitutes my acknowledgement that Divine Creation Wellness Center services have been fully satisfactorily explained to me and I hereby give my authorization and consent to Divine Creation Wellness Center to proceed with the treatments. This Release and Waiver of Liability Agreement shall stand as long as I use the services/products at the Divine Creation Wellness Center premises now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk.



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NOTICE

You are free to end your session at any time during the treatment by simply advising the Divine Creation Wellness Center staff who is always present with you during the cryotherapy treatment to explain all treatments, guide and assist you throughout your session.

Any change in your medical condition between treatments must be without delay (latest before the next session) declared to the Divine Creation Wellness Center staff. The Divine Creation Wellness Center staff reserves the right to refuse to render services in case of such a change or may require a prior written recommendation from your physician.

Divine Creation Wellness Center is not responsible for any of your personal belongings left behind or lost.

CLIENT SIGNATURE

By signing this document, I acknowledge and represent that I have read, fully understand, and agree with all of the above. I am at least sixteen (16) years of age, fully competent and signing this document voluntarily. Furthermore, I agree that I will comply with all instructions on the use of the equipment and that I am using Divine Creation Wellness Center services at my own risk. I agree to use services within the terms and conditions of this document and understand that refunds are not given on unused single treatments nor unused packages/memberships.

Date:

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Your signature

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Divine Creation Wellness Center

Marie Laroque

We wish you an amazing experience!

Cool regards from the Divine Creation Wellness Center Team