Informed Consent & Liability Waiver

Please read this form carefully and complete all sections before your first session. By signing, you confirm you understand and agree to the terms below.

1. Participant Details

Full name _____

Date of birth _____ Phone _____

Email _____

Emergency contact _____ Emergency phone _____

2. Health Declaration

I confirm that I am in good general health and have disclosed any medical conditions, injuries, pregnancy, medications or concerns that may affect my participation. I understand recovery services are not a substitute for medical advice, diagnosis or treatment, and that I should consult a physician if I have any doubt about my fitness to participate.

Conditions / notes _____

3. Acknowledgement of Risks

I understand that the following services carry inherent risks, including but not limited to skin reactions, discomfort, dizziness, bruising or aggravation of existing conditions, and I choose to participate voluntarily:

- Cryotherapy (whole-body cryo)
- Compression boots & massage guns
- Dry sauna
- Red light therapy
- Physiotherapy
- Chiropractic care
- Massage therapy

4. Consent

I consent to receiving the recovery services I book at Prestige Recovery and to following the guidance of the team. I will inform staff immediately if I feel unwell during any session. I understand I may stop a session at any time.

5. Release & Waiver of Liability

In consideration of being permitted to use the facilities and services, I release and hold harmless Prestige Recovery, its owners, staff and agents from any and all claims, liabilities or damages arising from my participation, except where caused by gross negligence. This waiver is binding on me, my heirs and representatives.

Signature

Participant name _____

Signature _____ Date _____

For participants under 18, a parent or guardian must sign below.

Guardian name _____

Guardian sign _____ Date _____