

**INFORMED CONSENT FORM
TO PARTICIPATE IN THE DEMONSTRATION OF THE CRYO ARCTIC DEVICE**

I hereby declare that prior to using the Cryo Arctic device, hereinafter referred to as "the device":

1. I have been informed of the risk associated with using the devices and that I have received, read and understood the **"Terms and Conditions of using the Cryo Arctic device"** and the **"Information for Users,"** hereinafter referred to as the "Information."
 YES **NO**
2. I have received satisfactory answers to all the questions I have asked and I understand all information provided to me regarding the use of the devices.
 YES **NO**
3. I have been informed that participation in the demonstration procedure is absolutely voluntary.
 YES **NO**
4. I have been informed that I can withdraw from the demonstration at any time without giving any reason.
 YES **NO**
5. I have been informed that if I have any questions or concerns while using the devices, I can address them to contact@cryosc.com.
 YES **NO**

In addition, I declare that:

6. I am **not** over 70 years of age and I do not have, have not had, or do not suspect any of the diseases indicated in the Information.
 YES **NO**
7. I am not pregnant (applies to women).
 YES **NO**
8. I have been informed that I cannot proceed with the use of the equipment in the event that I have experienced, or am experiencing or suspecting the presence of any of the diseases listed in the Information, as well as during pregnancy.
 YES **NO**
9. I have given my best knowledge of the current state of my health while completing this form of the consent.
 YES **NO**
10. I have been trained by Coyne Medical Ltd representatives how to use the machine and how to behave in an emergency — I have been told what clothes I can wear in the machine and that I cannot start using the machine when I am sweating or when my skin is wet or covered with any oily substances.
 YES **NO**
11. Before I start using the Cryo Arctic, I have had my blood pressure measured and my blood pressure measurement result is _____
 YES **NO**
12. I voluntarily agree to participate in the testing of the device.
 YES **NO**

Please let us know why you are interested in cryotherapy/what you hope to get out of your session/s:

Have you had any cryotherapy sessions before anywhere else? If so, how many/often?

Is there any specific song you'd like to listen to inside the cryotherapy chamber today?

We suggest something fast-paced/upbeat (e.g. Eye of the Tiger by Survivor, Happy by Pharrell) as it will help you remember to keep moving around during your session. If you can't think of anything, no problem. We can make some suggestions!

Would you like a photo taken at the beginning/middle/end of your session today or a video taken of the whole session on your phone? (A member of staff will sanitise their hands in order to provide 1-3 photos or 1 video, or you may bring one person in the room with you to take photos/videos from a safe distance.)

Signed _____

Date _____

Time _____

Place 660 Fulham Road, London SW6 5RX

Name _____

Date of Birth _____

Information given and consent form checked and received by Coyne Medical Ltd employee

Name _____

Signature _____

Date _____