

NEVESKIN

× ARTEMIS.

WAIVER

ASSUMPTION OF RISK, WAIVER, AND RELEASE

By engaging MidMo Cryo (hereinafter referred to as the "Company") to provide Neveskin sessions and related services (hereinafter referred to as the "Services") and using the Company's equipment and facilities in relation thereto, I [CUSTOMER NAME] (hereinafter referred to as "I", "you", "myself", and "me") hereby acknowledge on behalf of myself, my heirs, personal representatives and/or assigns, 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, posted safety signs, rules, and verbal instructions given to me by staff. If in the subjective opinion of the Company's staff, I would be at physical risk in receiving Services, I understand and agree that I may be denied access to Services until I furnish the Company with an opinion letter from my medical doctor, at my sole cost and expense, specifically addressing the Company's concerns and stating that the Company's concerns are unfounded.

I hereby: (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by me in relation to my receiving of the Services; (2) release, indemnify, and hold harmless the Company and the distributor and manufacturer of any equipment, device, or product used during the Services, their respective direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to the Services; and (3) represent that: (a) I have no medical or physical condition that would prevent me from receiving the Services, (b) I do not have a physical or mental condition that would put me in any physical or medical danger, (c) I have not been instructed by a physician to not receive Services or similar services, (d) no warranty or guarantee, or other assurance, has been relied upon or made to me concerning the results of the Services or the Service's effects and side-effects, (e) knowing the risks involved, I nevertheless chose to voluntarily request the Services, (f) I am not currently under or suffering from the effects of any prescribed medication, illicit drugs, or alcohol and further represent that I am of sound mind and make all representations freely and voluntarily, and (g) the Services provided do not constitute medical or health care services and that employees and associates of the Company are not health care practitioners and cannot diagnose and/or treat individual health problems. Notwithstanding the foregoing (and by way of illustration only and not limitation) 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.

In participating in the Services, I understand that I may be photographed, videoed, or otherwise recorded by the Company for safety, monitoring, training, and marketing purposes. I hereby consent to such usage of imagery, video, or other media for all and any such purpose by the Company and hereby agree that the Company without any payment to you shall in all cases be the sole owner of all intellectual and other proprietary rights therein without any restriction whatsoever.

I HAVE READ THIS 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.

I acknowledge that I have been urged to avoid bringing valuables into and onto the Company's facilities and the Company shall not be liable for the loss of, theft of, or damage to my personal property, including items left in lockers, bathrooms, or anywhere else in the Company's facilities. I acknowledge that no portion of any fees paid by me is in consideration for the safeguarding of valuables.

*Emergency Contact Name: _____ *Phone: _____

Print Name: _____

Signature: _____

Date: _____

RISKS, LIMITATIONS, AND CONTRAINDICATIONS FOR NEVESKIN

NEVESKIN SESSIONS:

Manual/Static Shape, Drain, and Smooth Treatments

Absolute NO:

- Active Cancer
- Severe Raynaud's Syndrome
- Allergies to Cold, Heat or Propylene glycol
- Cold-related Illness (Cryoglobulinemia, Paroxysmal Cold Hemoglobinuria, Cold Agglutinin Disease)
- Lower Limb Ischemia
- Uncontrolled Diabetes or Diabetes-related complications
- Severe Kidney or Liver Disease
- Pregnancy/Breastfeeding
- Fillers in the desired treatment in the desired treatment area in the past 4 weeks
- Bacterial and viral infections of the skin
- Active/Severe Eczema, Rashes, or Dermatitis in the desired treatment area
- Silicone/other implants in the desired treatment area
- Irremovable body piercings in the desired treatment area-Go around, not over.
- Incision scar(s) in the desired treatment area
- Open or infected wounds in the desired treatment area
- Impaired skin sensation in the desired treatment area
- Undiagnosed lumps or bumps
- PAD and PVD

Consult physician:

- Past Cancer
- Acquired or autoimmune diseases
- Progressive Diseases (including but not limited to MS, ALS, Parkinson's, and Neuropathy)
- Cardiovascular Disease
- Lymphatic Disorders
- Wound healing disorders
- Severe Eczema, Rashes, or Dermatitis outside the desired treatment area
- Circulatory disorders
- Use of topical antibiotics in the desired treatment area
- Any surgery in the past 6 months
- Metal implants in or adjacent to the desired treatment area
- Mesh inserts in or adjacent to the desired treatment area
- Hernia in or adjacent to the desired treatment area
- Active implanted devices such as pacemakers or defibrillators
- Any serious health condition not specified

- Undiagnosed lumps or bumps
- Epilepsy
- History of DVT

Tone Treatments

Absolute NO:

- Severe Raynaud's Syndrome
- Allergies to Cold or Propylene glycol
- Cold-related Illness (Cryoglobulinemia, Paroxysmal Cold Hemoglobinuria, Cold Agglutinin Disease)
- Lower Limb Ischemia
- Pregnancy
- Anti Wrinkle injections in the desired treatment area in the past 14 days
- Fillers in the desired treatment area in the past 4 weeks
- Bacterial and viral infections of the skin
- Active/Severe Eczema, Rashes, or Dermatitis in the desired treatment area
- Silicone/other implants in the desired treatment area
- Irremovable body piercings in the desired treatment area-Go around, not over.
- Open or infected wounds in the desired treatment area
- Impaired skin sensation in the desired treatment area
- Active Cancers
- Undiagnosed lumps or bumps
- PVD and PAD

Consult physician:

- Past Cancer
- Acquired or autoimmune diseases
- Progressive Diseases (including but not limited to MS, ALS, Parkinson's, and Neuropathy)
- Cardiovascular Disease
- Wound healing disorders
- Breastfeeding
- Circulatory disorders
- Use of topical antibiotics in the desired treatment area
- Surgery in or adjacent to the desired treatment area in the past 6 months
- Metal implants in or adjacent to the desired treatment area
- Mesh inserts in or adjacent to the desired treatment area
- Hernia in or adjacent to the desired treatment area
- Active implanted devices such as pacemakers or defibrillators
- Severe Eczema, rashes, or dermatitis outside of the desired treatment area
- Any serious health condition not specified
- Undiagnosed lumps or bumps
- History of DVT
- Epilepsy

Facial Treatments Cold:

Absolute NO:

- Severe Raynaud's Syndrome
- Allergies to Cold or Propylene glycol
- Active Cancers
- Cold-related Illness (Cryoglobulinemia, Paroxysmal Cold Hemoglobinuria, Cold Agglutinin Disease)
- Lower Limb Ischemia
- Anti Wrinkle injections in the desired treatment area in the past 14 days
- Fillers in the desired treatment area in the past 4 weeks
- PDO threads in the past 90 days
- Bacterial and viral infections of the skin
- Active/Severe Eczema, Rashes, or Dermatitis in the desired treatment area
- Silicone/other implants in the desired treatment area
- Irremovable body piercings in the desired treatment area-Go around, Not over.
- Open or infected wounds in the desired treatment area
- Impaired skin sensation in the desired treatment area
- Undiagnosed lumps or bumps

Consult physician:

- Past Cancer
- Acquired or autoimmune diseases
- Pregnancy/Breastfeeding
- Progressive Diseases (including but not limited to MS, ALS, Parkinson's, and Neuropathy)
- Cardiovascular Disease
- Wound healing disorders
- Circulatory disorders
- Use of topical antibiotics in the desired treatment area
- Surgery in or adjacent to the desired treatment area in the past 6 months
- Metal implants in or adjacent to the desired treatment area
- Mesh inserts in or adjacent to the desired treatment area
- Hernia in or adjacent to the desired treatment area
- Active implanted devices such as pacemakers or defibrillators
- Severe Eczema, Rashes, or Dermatitis outside of the desired treatment area
- Any serious health condition not specified
- Undiagnosed lumps or bumps
- Epilepsy

Facial Treatments Warm:

Absolute NO:

- Rosacea
- Lower Limb Ischemia
- Allergies to Heat or Propylene glycol
- Anti Wrinkle injections in the desired treatment area in the past 14 days
- Fillers in the desired treatment area in the past 4 weeks

- PDO threads in the past 90 days
- Bacterial and viral infections of the skin
- Active/Severe Eczema, Rashes, or Dermatitis in the desired treatment area
- Silicone/other implants in the desired treatment area
- Irremovable body piercings in the desired treatment area-Go around, Not over.
- Open or infected wounds in the desired treatment area
- Impaired skin sensation in the desired treatment area
- Active Cancer
- Undiagnosed lumps or bumps
- Rosacea

Consult physician:

- Past Cancer
- Acquired or autoimmune diseases
- Pregnancy/Breastfeeding
- Progressive Diseases (including but not limited to MS, ALS, Parkinson's, and Neuropathy)
- Cardiovascular Disease
- Wound healing disorders
- Circulatory disorders
- Use of topical antibiotics in the desired treatment area
- Surgery in or adjacent to the desired treatment area in the past 6 months
- Metal implants in or adjacent to the desired treatment area
- Mesh inserts in or adjacent to the desired treatment area
- Severe Eczema, Rashes, or Dermatitis outside the desired treatment area
- Active implanted devices such as pacemakers or defibrillators
- Any serious health condition not specified
- Undiagnosed lumps or bumps
- Epilepsy

Soothe Treatments:

Absolute NO:

- Severe Raynaud's Syndrome
- Lower Limb Ischemia
- Allergies to Cold or Propylene glycol
- Active Cancer
- Anti Wrinkle injections in the desired treatment area in the past 14 days
- Fillers in the desired treatment area in the past 4 weeks
- Bacterial and Viral infections of the skin
- Active/Severe Eczema, Rashes, or Dermatitis in the desired treatment area
- Silicone/other implants in the desired treatment
- Irremovable body piercings in the area of concern-Go around, Not over.
- Open or infected wounds in the desired treatment area
- Circulatory diseases

- Peripheral vascular diseases
- Anti Wrinkle injections in the desired treatment area within the last 14 days
- Cold Urticaria
- Hypersensitivity
- Skin anesthesia
- Pregnancy
- History of carotid artery blockage
- Undiagnosed lumps or bumps

Consult Physician:

- Breastfeeding
- Past Cancer
- Acquired or autoimmune diseases
- Progressive Diseases
- Cardiovascular Disease
- Wound healing Disorders
- Circulatory Disorders
- Use of topical antibiotics in the desired treatment area
- Metal implants in or adjacent to the desired treatment area
- Mesh inserts in or adjacent to the desired treatment
- Hernia in or adjacent to the desired treatment area
- An active implanted device such as a pacemaker or defibrillator
- Severe Eczema, Rashes, or Dermatitis outside of the desired treatment area
- Any severe health condition not specified
- Undiagnosed lumps or bumps
- History of DVT
- Epilepsy

I have read and acknowledged the risks, limitations, and contraindications of NeveSkin sessions.

Print Name: _____ Signature: _____

Date: _____