

**CONFIDENTIAL**

RELEASE, WAIVER OF LIABILITY, AND HOLD HARMLESS AGREEMENT

1. In consideration for undergoing/using the cryotherapy machine, and/or chamber (Equipment), I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Seacoast Cryotherapy LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demand, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by any person while using the equipment or due to the use of the equipment.

2. In consideration for undergoing/using cryotherapy machine and/or chamber (Equipment), I RELEASE FROM LIABILITY AND WAIVE MY RIGHT TO SUE Seacoast Cryotherapy LLC, its officers, servants, agents, employees, heirs, assigns, representatives, and volunteers from all claims, including claims of Seacoast Cryotherapy's negligence, resulting in a physical injury, illness (including death), or economic loss I may suffer or which may result from my participation in cryotherapy treatments or use of the cryotherapy machines or any injury which may occur on its premise.

3. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of the cryotherapy process, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. 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, and is being given by me voluntarily to use the Equipment.

4. I am fully aware of the risks and hazards connected with the use of the Equipment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Equipment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Equipment usage, and entering the above named premises to engage in such usage. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained, or any loss or damage to property as a result of being engaged in such activity.

5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative; however, if I am not alive, it shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New Hampshire.

6. I am voluntarily participating in the cryotherapy treatment and process. I understand that there are risks associated with my participation in these treatments, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of Seacoast Cryotherapy LLC's location (s) or facility (ies). Nonetheless, I assume all risks of my participation in these treatments, whether known or unknown to me, including any events incidental to these treatments.

