Exhibitor Medical Procedure Agreement

FOR EXHIBITORS PLANNING TO CONDUCT MEDICAL, CLINICAL AND MEDICAL-COSMETIC PROCEDURES

EXHIBITOR LEGAL BUSINESS / CONTRACT ENTITY

BRAND / DBA (IF DIFFERENT)

MEDICAL PROVIDER LEGAL ENTITY (IF DIFFERENT)

BOOTH # / ON-SITE EXHIBITOR MOBILE

ON-SITE MEDICAL LEAD / CREDENTIAL

DIRECT ON-SITE MOBILE

Is the Medical Provider a separate legal entity? □ NO — same entity □ YES — both must sign

DISCLOSED SERVICES / PROCEDURES (attach short list if needed)

Blood / specimen collection or testing? □ Yes □ No

Will anyone under 18 be served? □ Yes □ No

1 Independent medical services and responsibility

This Agreement covers medical, clinical and medical-cosmetic procedures at TheFitExpo Los Angeles, January 23–24, 2027, Los Angeles Convention Center. The Exhibitor coordinates the activation; the legal Medical Provider performs and supervises its clinical services. Neither TheFitExpo nor the other Released Parties (defined on page 2) provides, endorses, orders, or supervises medical care. If the Medical Provider is a separate legal entity, both parties must sign this Agreement.

2 Disclose services, practitioners, and permissions

Before approval, provide the exact procedures, products/substances, devices, and any blood/specimen collection or testing; identify the Medical Provider, on-site clinical lead, and everyone performing, ordering, supervising, or interpreting services (including contractors). Supply current applicable California licenses/certifications and numbers, supervisory arrangements, and required laboratory/testing or other permits. Every person must work within their lawful scope. Photo identification may be requested for verification.

3 Screening, informed consent, and minors

The Medical Provider will screen each participant, explain procedure-specific risks and alternatives, and obtain any required clinical informed consent. Before service, each participant (or the authorized parent/guardian) must also sign TheFitExpo Medical & Wellness Participation Waiver. The Provider retains clinical records and signed event waivers and furnishes copies of event waivers to TheFitExpo upon lawful request. Under-18 services are allowed only if legally permitted, required parental consent and minor assent are obtained, and the parent/guardian is physically present during the service.

4 Safety, substances, records, and incident response

The Provider is responsible for infection control, safe sourcing/storage and administration of products, emergency supplies and response procedures, an on-site medical contact, safe sharps/regulated-waste collection and removal, and any required medical-waste generator registration/notice. Applicable California/CLIA laboratory rules, specimen security, and participant information privacy must be followed. No research-only, investigational, or similar restricted items may be used without lawful authority and express written approval. Notify TheFitExpo promptly of any incident requiring venue/EMS response, emergency treatment, or likely regulatory or claim follow-up. Do not send medical records to TheFitExpo.

5 Insurance before approval

Maintain current standard LA27 event insurance, including applicable commercial general liability (at least $1M occurrence / $2M aggregate), products/operations coverage, specified Additional Insured parties and required Primary & Non-Contributory / Waiver of Subrogation endorsements; Workers' Comp / Employers' Liability and Auto when required. Medical professional liability / malpractice must be at least $1M per claim / $3M aggregate and must cover the legal Medical Provider, every clinical practitioner/contractor (or acceptable separate policies), the disclosed services/products, and temporary/public-event operations. Provide actual coverage evidence; a COI alone does not establish every policy term. See the separate LA27 Medical Activation Requirements and issued event insurance instructions.

Exhibitor Medical Procedure Agreement

FOR EXHIBITORS PLANNING TO CONDUCT MEDICAL, CLINICAL AND MEDICAL-COSMETIC PROCEDURES

6 Assumption of risk

Each signing entity accepts the risks of its participation and clinical activation, including service-related injuries, adverse reactions, emergency response, and the special conditions of a public event.

7 Release and California Civil Code §1542

To the fullest extent permitted by California law, each signing entity releases National Fitness Productions, Inc./TheFitExpo; EXPO CCI; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and their respective affiliates, owners, officers, directors, employees, agents, contractors, and authorized event partners (the "Released Parties") from claims arising from the activation, including ordinary negligence where lawfully releasable. Each expressly waives California Civil Code §1542 as applicable: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party." This release does not apply to gross negligence, willful misconduct, or liability that cannot lawfully be waived.

8 Separate defense and indemnity

The Exhibitor and, if separate, the Medical Provider each independently agree to defend, indemnify, and hold harmless the Released Parties from third-party claims, liabilities, reasonable legal fees, and losses arising out of the activation, its personnel/contractors, procedures, products, devices, and acts or omissions, to the fullest extent permitted by law. This is in addition to the exhibitor contract.

9 Written approval, changes, and enforcement

Submission, payment, and signatures are not permission to operate. No medical procedure may start until TheFitExpo issues activity-specific written approval. Material changes to the provider, services, personnel, substances, devices, or risk require advance written clearance. TheFitExpo may restrict, suspend, or stop an activation for safety or compliance concerns, without refund to the extent permitted by contract/law. Venue and agency requirements also apply. California law governs; any unenforceable term is severable. Electronic signatures are acceptable.

☐ **I have read this Agreement; disclosed the services and personnel; will provide current licenses, required insurance and permits; obtain separate clinical consent and participant waivers; and accept the applicable release, indemnity and written-approval conditions.**

EXHIBITOR AUTHORIZED REPRESENTATIVE • REQUIRED

Exhibitor legal entity

Printed name / title

Signature

Date / direct email

MEDICAL PROVIDER AUTHORIZED REPRESENTATIVE • REQUIRED IF SEPARATE ENTITY

Provider legal entity

Printed name / title

Signature

Date / direct email

Medical Activation Requirements

ONE-PAGE EXHIBITOR CHECKLIST • IN ADDITION TO STANDARD EVENT INSURANCE

Medical / clinical services (including IVs, injections, blood draws, specimen collection, and testing) require advance review and activity-specific written approval. Neither waiver replaces these requirements.

1 Services and responsible parties

Provide Exhibitor legal business / booth; Medical Provider legal entity (if different); exact services, products/substances/devices, age groups served, and on-site medical lead with direct mobile.

2 Licensed practitioners and required permissions

Provide roster of everyone performing, ordering, supervising, or interpreting services (including contractors), their duties, current applicable California licenses/certifications and numbers, and required supervisor/medical-director details. Supply licenses/verification and photo ID only if requested. Attach testing/laboratory permissions when applicable.

3 Medical malpractice: $1M / $3M

At least $1,000,000 per claim / $3,000,000 aggregate. Supply evidence of current coverage for the legal Medical Provider, all practitioners/contractors (or separate professional policies), exact services/products, and temporary/mobile/public-event operations. Identify exclusions, age restrictions, and claims-made continuity/retroactive-date or tail limitations where applicable. See LA27 Medical Insurance Requirements PDF for details.

4 Current standard LA27 insurance

Supply event-specific CGL COI and required Additional Insured, Primary & Non-Contributory and Waiver of Subrogation endorsements under issued LA27 requirements. Minimum CGL $1M each occurrence / $2M aggregate, with applicable operations/products coverage. Separate provider CGL may be needed if the exhibitor policy does not cover its operations. Workers' Comp/Employers' Liability and Auto where required; lawful exemption evidence where applicable. See LA27 Insurance Requirements PDF for details.

5 Clinical safety, consent and privacy

Provider handles screening, informed consent and records; emergency response and on-site contact; infection control; sourcing/storage of drugs and devices; sharps and regulated medical-waste removal plus required registration/notice; lab/testing and specimen handling where applicable; and medical-information privacy. TheFitExpo does not collect patient medical records.

6 Signed agreements / participant releases

Exhibitor signs the Exhibitor Medical Procedure Agreement. A separate Medical Provider must also sign. Before each procedure, the participant (or eligible parent/guardian) signs TheFitExpo's Participation Waiver in addition to required clinical consent. Provider retains the completed forms and supplies event waivers upon lawful request.

MINORS: Only legally permitted services; obtain required guardian consent/assent and have guardian present. CHANGES: Materially different services, personnel or provider need new written clearance. DEADLINE: Dec. 1, 2026 unless extended in writing. $175 fee only when requested.

DO NOT BEGIN ANY MEDICAL SERVICE WITHOUT WRITTEN, ACTIVITY-SPECIFIC APPROVAL.

LA27 INSURANCE REQUIREMENTS

All exhibitors, sponsors, vendors, and programming partners (collectively, “Exhibitor”) must provide a Certificate of Insurance (“COI”) 45 days before move-in. Insurance must cover all move-in, show days, and move-out dates, and include all Additional Insureds as shown below.

MEDICAL / CLINICAL ACTIVITIES: If your booth will offer IV hydration/infusions, injections, blood draws, finger/skin-prick testing, specimen collection, or similar invasive medical/clinical services, contact TheFitExpo before obtaining or submitting insurance. Additional insurance and documentation may be required, if activity is approved.

A. INDEMNIFICATION

Exhibitor shall defend, indemnify, and hold harmless National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns (“Indemnified Parties”) from all claims, liabilities, damages, losses, or expenses (including reasonable attorneys’ fees) arising out of or related to Exhibitor’s services, products, equipment, personnel, or activities at the Event.

B. COMMERCIAL GENERAL LIABILITY (CGL)

$1,000,000 per occurrence, $2,000,000 aggregate, Occurrence form: Covers premises/operations, contractual liability, product liability and personal injury. Exhibitor shall also provide Additional Insured endorsement(s) for liability arising from operations and products. The following entities must be included as Additional Insureds on the Commercial General Liability policy:

National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns are named as Additional Insureds with respect to TheFitExpo Los Angeles.

C. WORKERS’ COMPENSATION & EMPLOYERS’ LIABILITY

Required if Exhibitor has employees working onsite. Exempt if Exhibitor has no employees. Canadian Exhibitors may provide provincial Workers’ Compensation coverage (e.g., WSIB, WorkSafeBC, WCB Alberta, CNESST) if employees attend the event.

D. REQUIRED ENDORSEMENTS

Policies must include:
(a) Commercial General Liability coverage afforded to the Additional Insureds must be Primary & Non-Contributory.
(b) Waiver of Subrogation is required for Commercial General Liability, Automobile Liability, and Workers’ Compensation, as applicable. (c) All required endorsements must be attached to the COI. (d) Automobile Liability is required if Exhibitor will drive or move a vehicle onto the show floor, or if otherwise required by the Convention Center or Show Management.

Our failure to enforce these requirements does not mean these requirements are null and void.

E. CERTIFICATE HOLDER

National Fitness Productions / TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

F. ADDRESSES FOR ADDITIONAL INSUREDS
(Use if your insurer issues separate certificates for each entity.)

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

Legends Global Management LACC, LLC
1201 South Figueroa Street
Los Angeles, CA 90015
FAX: (213) 765-4552

Legends Hospitality Parent Holdings, LLC
1201 South Figueroa Street
Los Angeles, CA 90015
FAX: (213) 765-4552

Expo Convention Contractors
15959 NW 15th Avenue
Miami, FL 33169
FAX: (305) 754-9402

G. SAMPLE CERTIFICATE

See the attached ACORD sample for required layout and fields. Certificates missing required clauses, limits, or endorsements will be returned for correction.

H. INSURANCE CONTACT

If you do not have a regular business insurance provider, you may contact Inszone Insurance or any insurance broker of your choosing regarding event liability coverage. Coverage availability depends on Exhibitor’s products, services, and activities. Certain activities, including medical/clinical services or the sampling/distribution of consumable products, may require additional or specialized coverage. Contact Inszone Insurance at (714) 544-3963 or kdoucette@inszoneins.com.

[REV. 100826b]

PLEASE CHECK THAT YOUR INSURANCE CONTAINS SECTIONS 1-7 AS NOTED BELOW. SECTION 3 IS MINIMUM COVERAGE. YOUR NEEDS MAY VARY. CONSULT WITH YOUR INSURER. SECTIONS 4-5 MUST READ EXACTLY AS SHOWN BELOW. INSURANCE WILL BE RETURNED FOR CORRECTIONS IF ANY SECTIONS ARE MISSING OR INCORRECT. THANK YOU!

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/1/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Insurance Agency / Broker

CONTACT NAME

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	MAXUM INDEMNITY COMPANY	12345
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

2 INSURER NAMES & NAIC #

INSURED

1 EXHIBITING COMPANY / LEGAL ENTITY NAME AS IT APPEARS ON EXHIBITOR CONTRACT
DBA/BRAND NAME MAY ALSO BE SHOWN

COVERAGES **CERTIFICATE NUMBER:** 194399 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT X LOC OTHER:	X	X	BC 01234567	12/1/2026	12/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			COVERAGE FOR ABOVE INSURED EFFECTIVE DATES HERE 00/00/00 - 00/00/00			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PREMIUM NON-REFUNDABLE			EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	JP 47382211	12/1/2026	12/31/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

3 THESE AREAS CHECKED OFF

COVERAGE DATES MUST INCLUDE MOVE-IN, SHOW DAYS AND MOVE-OUT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

4 National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns are Additional Insureds with respect to TheFitExpo Los Angeles. Waiver of Subrogation: CGL, Auto and WC, as applicable.

CERTIFICATE HOLDER

5 NATIONAL FITNESS PRODUCTIONS
722 AMERICANA WAY #201
GLENDALE, CA 91210

HELEN.THEFITEXPO@GMAIL.COM

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

6 SIGNATURE REQUIRED

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ACORD 25 (2014/01)

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7 Primary & Non-Contributory applies to CGL. Waiver of Subrogation applies to CGL, Auto, and Work Comp as applicable. Required Additional Insured endorsements for operations and products must be attached

[REV. 100826b]

Attendee Medical & Wellness Participation Waiver

FOR ATTENDEE PARTICIPANT RECEIVING A MEDICAL / CLINICAL SERVICE

This waiver is separate from TheFitExpo's general event waiver. Signing this does not replace the independent provider's screening or procedure-specific clinical informed consent.

1 Voluntary choice

I voluntarily choose the service identified above. I may decline or stop before or during the service. I understand I can ask the independent Medical Provider questions about suitability, alternatives, and risks.

2 Independent provider — not TheFitExpo

The service is performed by the independent Medical Provider named above, not National Fitness Productions, Inc./TheFitExpo or the event organizers. The Provider determines whether it is appropriate for me, takes my history, explains material risks and options, performs the service, and handles complications and follow-up care. Event approval of an activation is not a medical endorsement, guarantee, or substitute for professional judgment.

3 Screening and separate clinical consent

Before receiving a service, I will give accurate information and complete the Provider's screening and any required clinical consent. This event waiver does not authorize the service by itself and does not replace the Provider's procedure-specific explanation, clinical consent, privacy practices, or records. The Provider—not TheFitExpo—makes all clinical decisions.

4 Risks and participant choice

Services including infusions, injections, blood/specimen collection, and testing carry inherent risks, including discomfort, bleeding, bruising, infection, allergic or adverse reactions, unexpected outcomes, and a need for additional medical care. I understand these risks and voluntarily accept the inherent risks of the service I choose, to the extent permitted by law.

5 Services for minors (under 18)

The Provider must first confirm the particular service is legally permitted for the minor and obtain required parent/guardian consent and any required minor assent. A parent or legal guardian must be physically present during the service, verify legal authority if requested, and sign this form beforehand. Remote permission or a signature without the guardian's presence is insufficient under this event process. The Provider may decline to perform any service.

6 Release of the event parties

To the fullest extent permitted by California law, I voluntarily release, waive, and agree not to hold liable National Fitness Productions, Inc./TheFitExpo; its affiliates, owners, officers, directors, employees, agents, sponsors, event partners, contractors, volunteers, and authorized event service providers; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and EXPO CCI (the "Released Parties") for claims and losses arising out of the service I choose, including injury, illness, medical expenses, and lost income. This release includes claims based on ordinary negligence by a Released Party only to the extent lawfully releasable.

7 Unknown claims / legal limits

I expressly waive California Civil Code §1542, to the extent permitted by law: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party." This release does not apply to gross negligence, willful or intentional misconduct, or liabilities that cannot lawfully be waived; it does not release the independent Medical Provider or its personnel from their clinical and professional obligations. Any release involving a minor applies only where legally permitted.

8 Records, acknowledgment, and governing terms

The independent Provider keeps this signed event waiver and its clinical records; it may supply a copy of this event waiver to TheFitExpo upon lawful request, but not general medical records or results. I have read this form and sign voluntarily for the selected service. California law applies; an unenforceable provision does not invalidate the remainder. An electronic signature is accepted.

Select service(s): □ IV infusion □ Injection □ Blood draw □ Finger/skin prick □ Specimen collection □ On-site testing □ Other

□ **I understand the service is optional, the independent Provider is responsible for clinical care, and separate screening and informed consent may be required. I acknowledge the risks and agree to the release above, subject to the stated legal limits.**

ADULT PARTICIPANT SIGNATURE (18+)

Participant printed name

Participant Signature

Date and time

Parent/Legal Guardian, if participant is under 18

□ I confirm I am authorized to consent for the minor, am physically present during the service, and consent to the service and this waiver for the minor only to the extent permitted by law.

Exhibitor Name / Booth Number

Provider representative receiving form