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