



**CGLM, LLC, d/b/a O2X HUMAN
PERFORMANCE LLC WORKSHOP
("Workshop"),**

Participant waiver, assumption of risk, release of
liability, and covenant not to sue agreement (the
"Agreement")

Last Name: _____ Unit: _____ Location: _____

You _____ (the "Participant") have voluntarily elected to participate in the Workshop and all of the activities, events and programs related thereto (collectively the "Event"). In consideration of CGLM, LLC d/b/a O2X Human Performance, LLC ("O2X" or the "Company") accepting your request to participate in the Event, You as follows:

1. I, on behalf of myself, my heirs, personal representatives and/or assigns, understand and acknowledge that there are certain inherent risks and dangers associated with the Event. I understand and acknowledge that some of these risks cannot be eliminated regardless of the care taken by me and/or the Company to avoid injuries. I further acknowledge that specific risks vary from one activity to another but can range from (1) minor injuries, such as scratches, bruises, strains and sprains; (2) major injuries, such as fractures, tears, eye injury, loss of sight, joint or back injuries, heart attacks and concussions, and (3) catastrophic injuries including but not limited to paralysis and death. I have reviewed and thoroughly understand the Event safety instructions, a hard copy of which has been provided to me by the Company.
2. I hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated or exacerbated by me in relation to the Event; (2) release, indemnify and hold harmless the Company, its subsidiaries, affiliates, assigns, directors, officers, members, employees, representatives and agents and each of their respective successors and assigns and all others (the "Releasees"), 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 participation in the Event, and (3) represent that I (a) have no medical or physical condition that would prevent me from participating in the Event, (b) do not have a physical or mental condition that would place me in any physical or medical danger while participating in the Event, and (c) have not been instructed by a physician not to participate in the Event or similar

activities or programs. Further, I acknowledge that to the extent I do have any known disability(ies) or condition(s); I am at risk in my participation in the Event and should not do so.

3. I agree to comply with the Company's stated rules and regulations for participation, a copy of which has been provided to me. If, however, I observe any unusual and/or significant hazard during the Event, I will remove myself from participation and bring such hazard to the Company's attention;
4. I certify and represent that on the date of the Event, I will possess and be covered by medical/health insurance, individually or as part of an organization.
5. I consent to administration of first aid and other medical treatment in the event of injury or illness and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment.
6. I understand and acknowledge that the term of this waiver and Agreement is indefinite.

I HAVE READ THIS PARTICIPANT WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND CONSENT TO IMAGE USE AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name (Print): _____ Unit: _____

Signature _____ Date _____

Participant Information

1. Full Legal Name:
2. Date of Birth:
3. Telephone Number:
4. Address:
5. Email:
6. Emergency Contact Name and Telephone Number:

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