

Waiver of liability and Hold harmless agreement:

1. In consideration for using the any device (Equipment) provided by Below Zero Cryotherapy Studio, I hereby **RELEASE, WAIVE, DISCHARGE IN ADVANCE**, and **HOLD HARMLESS KENNEL ENTERPRISES, LLC** (hereinafter referred to as **RELEASEE**) along with its **DBAS, OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, FRANCHISEES** and **VOLUNTEERS** from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any damage or injury that may be sustained by me, while using the equipment or due to the use of the equipment.

2. I hereby confirm that no warranty or guarantee, or other assurance has been made to me covering the results of the device process. I have been explained and 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.

3. I am fully aware of the risks connected with the use of the Equipment, 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** that may be in engaged in such activity.

4. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the **RELEASEE** from any costs that may incur due to the use of the Equipment by me.

5. It is my expressed intent that this Agreement shall bind the members of my family and shall be deemed as a **RELEASE, WAIVER**, and **DISCHARGE** of the above named **RELEASEE**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with laws of the State of Ohio.

6. I understand that the Equipment is designed for the fitness and appearance enhancing use only by the person in good general health. I have been advised that if I suffer from any medical condition or illness whatsoever, I am **NOT TO USE**, the Equipment without my doctor's written permission. If I should faint due to excess nitrogen inhalation, I hold myself responsible for all injuries should I fall, and the cryo sauna has the right to assist me. My signature below constitutes my acknowledgement that (1) I have read, understand, and fully agree to the foregoing **CONSENT**, (2) the proposed device process has been satisfactorily explained to me and I have all of the information that I desire, and (3) I hereby give my authorization and consent. This **CONSENT** shall stand as long as I use the Equipment at the location now and in the future.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

Furthermore, I agree that I will comply with all instructions on the use of the device and that I am using these services at my own risk. I agree to use all sessions within terms of the contract dates and understand that refunds are not given on unused portions of purchased packages. By signing below, I affirm that I have read and fully understand the risks as outlined in this waiver.

I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.