



Waiver and Release of Liability

FOR PARTICIPATION IN THE SUPERHUMAN PROTOCOL PROVIDED BY VICTUS ATHLETIC

PARTICIPANT INFORMATION:

Participant's Full Name: _____

Date of Birth: _____

1. **ACKNOWLEDGMENT OF RISK:** I, the undersigned, understand that participation in the Superhuman Protocol, including but not limited to activities involving Pulsed Electromagnetic Field therapy, Exercise with Oxygen Therapy, Red Light Therapy, and other related activities, can involve risks of injury, harm, or loss, including but not limited to physical, mental, emotional, and/or financial injury or loss.

2. **ASSUMPTION OF RISK:** I voluntarily agree to assume all risks, known and unknown, arising from my participation in the Superhuman Protocol provided by Victus Athletic.

3. **RELEASE OF LIABILITY:** I hereby release, discharge, and hold harmless Victus Athletic, its employees, agents, representatives, contractors, affiliates, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to the Superhuman Protocol, whether caused by the negligence of the releasees or otherwise.

4. **INDEMNIFICATION:** I agree to indemnify, defend, and hold harmless Victus Athletic from any loss, liability, damage, or cost they may incur due to my participation in the Superhuman Protocol, whether caused by the negligence of Victus Athletic or otherwise.

5. **MEDICAL CLEARANCE:** I represent that I am in good health and physical condition to participate in the Superhuman Protocol. I agree to consult with my healthcare provider before participating if I have any known medical conditions or concerns.

6. **PHOTO AND VIDEO RELEASE:** I grant permission to Victus Athletic to use my likeness in photographs, video recordings, or electronic images in any and all of its publications, including website entries, without payment or any other consideration.

7. **SEVERABILITY:** If any provision of this waiver is found to be unenforceable, the remainder shall continue in full force and effect.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature: _____

Date: _____

FOR PARTICIPANTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the above-named participant, I hereby agree to the terms of this Waiver and Release of Liability.

Parent/Guardian's Signature: _____

Date: _____