



HUMAN MODALITIES LIABILITY WAIVER, RELEASE OF CLAIMS, ASSUMPTION OF RISK & INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

This Liability Waiver, Release of Claims, Assumption of Risk, and Indemnification Agreement (“Agreement”) is entered into voluntarily by the undersigned **Client / Participant** (“I,” “me,” or “my”) in favor of **Stride Solutions LLC**, including its owners, officers, employees, independent contractors, agents, volunteers, and representatives (“Stride Solutions”).

PARTICIPANT INFORMATION

Participant Name: _____

Phone / Email: _____

1. SERVICES PROVIDED

INITIALS: _____

I understand and acknowledge that **Stride Solutions LLC provides non-medical, non-diagnostic wellness and recovery modalities**, which may include, but are not limited to:

- SubZero Cryotherapy
- PEMF-based modalities
- Other similar recovery, wellness, orthopedic, or aesthetic modalities

I understand that **Stride Solutions LLC is not a medical clinic or licensed healthcare provider**, and does not diagnose, prescribe, or treat disease.

2. HUMAN PARTICIPANT ASSUMPTION OF RISK

INITIALS: _____

I understand that participation in modalities involves **known and unknown risks**, including but not limited to soreness, inflammation, aggravation of pre-existing conditions, burns, nerve irritation, circulatory reactions, or other adverse effects.

I voluntarily choose to participate **despite these risks**.

3. MEDICAL RESPONSIBILITY DISCLOSURE

INITIALS: _____

I acknowledge and agree that:

- These modalities are **not medical treatment**
 - They are **not a substitute for professional medical care**
 - I am solely responsible for consulting my physician regarding any medical condition
 - I affirm that I have disclosed all relevant health conditions and contraindications, including but not limited to:
 - Pregnancy
 - Pacemaker or implanted medical devices
 - Cancer
 - Circulatory disorders
 - Neurological conditions
 - Open wounds or infections
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4. RELEASE OF LIABILITY

INITIALS: _____

To the fullest extent permitted by law, I hereby **release, waive, discharge, and hold harmless** Stride Solutions LLC from **any and all claims**, demands, damages, losses, liabilities, costs, or expenses arising out of or related to my participation in modalities or use of equipment.

This release includes claims based on **ordinary negligence**, except where prohibited by law.

5. INDEMNIFICATION

INITIALS: _____

I agree to **indemnify, defend, and hold harmless** Stride Solutions LLC from any claims, lawsuits, damages, losses, or expenses (including attorney's fees) arising from my participation or failure to disclose relevant conditions.

6. NO GUARANTEES

INITIALS: _____

I acknowledge that **no guarantees or warranties** have been made regarding outcomes, results, or effectiveness of any modality or equipment.

7. PHOTOGRAPHY & MEDIA RELEASE (OPTIONAL)

- ☐ I grant permission for photographs or video for marketing, educational, or promotional use
☐ I do **not** grant permission
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8. GOVERNING LAW & SEVERABILITY

INITIALS: _____

This Agreement shall be governed by the laws of the **State of Wyoming**. If any provision is held unenforceable, the remaining provisions shall remain in full force and effect.

9. ACKNOWLEDGMENT & SIGNATURE

Participant Signature: _____

Printed Name: _____

Date: _____