DOCUMENT 1

Participant Waiver & Liability Release

APPLIES TO: *All adult participants (18+) · Must be signed before participation commences*

PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING.

This is a legal document. By signing it you are agreeing to important terms that affect your legal rights. If you have any questions about its content, please ask a member of staff before signing.

Signing this waiver does not affect your right to bring a claim against the Organiser for death or personal injury caused by the Organiser's negligence, which cannot be excluded under UK law.

A ABOUT THE EVENT

The Vitro Vitality Games is a structured fitness performance event. Participants complete a series of physical test stations. Results are expressed as a Vitality Score and Vitality Age — these are fitness performance benchmarks only and do not constitute medical advice, medical diagnosis or clinical health assessment of any kind.

No member of the Vitro event team acts in a medical or clinical capacity. No information received at any Vitro event should be treated as a substitute for professional medical advice from a qualified healthcare provider.

B DECLARATIONS

I, the undersigned participant, confirm and agree as follows:

1. Understanding of Event Nature

I understand that the Vitro Vitality Games is a fitness performance event providing benchmark scores. I understand that no results, scores, communications or recommendations from Vitro or its staff constitute medical advice, medical diagnosis or clinical health assessment, and that Vitro is not acting as a healthcare provider of any kind.

I understand that any educational content provided by Vitro is for general informational purposes only and does not replace professional medical guidance tailored to my individual circumstances.

2. Health Declaration

I confirm that:

→ I am physically fit and able to participate in the physical activities involved in the Event

→ I have no medical condition, injury or impairment that makes participation unsafe

→ I have not been advised by a medical professional to avoid sustained cardiovascular effort, resistance-based exercise or isometric physical challenge

→ If I have any doubt about my fitness to participate, I have sought and received medical clearance from my GP or relevant specialist before registering

→ I will inform event staff immediately if I feel unwell, experience pain, dizziness, chest discomfort or any abnormal symptom during the Event and will not continue until cleared to do so by event staff

3. Acknowledgement of Risk

I understand that participation in the Vitro Vitality Games involves physical activity that carries inherent risks, including but not limited to: muscle and soft tissue injury, joint strain, falls, fatigue, overexertion and cardiovascular stress.

I voluntarily accept all inherent risks associated with my participation.

4. Assumption of Responsibility

I agree to:

→ Follow all instructions given by event directors, marshals and staff at all times

→ Perform all activities within my own physical limits and not attempt movements I have been advised to avoid

→ Stop immediately if instructed to do so by event staff for any safety reason

→ Take full responsibility for monitoring my own physical condition throughout the Event

5. LIABILITY RELEASE — IMPORTANT
This release applies to injury, loss or damage arising from the inherent risks of physical activity and from my own decisions and conduct during the Event. It does not — and cannot under UK law — release the Organiser from liability for death or personal injury caused by the Organiser's negligence.

To the fullest extent permitted by applicable law, I release and discharge Vitro, FortitudeFit, and their respective directors, staff, coaches, volunteers and partners from any claim, demand or action arising from injury, loss or damage sustained during my participation in the Event, where such injury, loss or damage:

- → Arises from the inherent risks of physical activity described above
- → Results from my failure to disclose a relevant health condition prior to the Event
- → Results from my failure to follow instructions from event staff
- → Arises from my voluntary decision to participate beyond my physical limits

Nothing in this release excludes or limits liability for death or personal injury caused by negligence, or any other liability that cannot lawfully be excluded.

6. Media Consent

I understand that photography and videography may take place during the Event. I consent to images and footage of me being used by Vitro for marketing, social media and future event promotion, subject to the Photography & Media Policy. If I do not consent, I will notify the Organiser in writing at least 48 hours before the Event.

7. Acknowledgement of Terms

I confirm that I have read and understood the Vitro Vitality Games Terms & Conditions and that I agree to be bound by them.

I confirm that I have read and understood this Waiver and Liability Release in full.

I confirm that I participate voluntarily and at my own risk.

C SIGNATURE

Full Legal Name (PRINT)	
Date of Birth	
Email Address	
Signature	
Date of Signing	
Event Name / Date	

FOR OFFICE USE ONLY

Checked by:	
Date:	