

PARTICIPANT CONSENT, LIABILITY WAIVER, AND RELEASE

Saline Infusion Class – East

Event/Class Description: Saline Infusion Training/Instructional Class

Date: October 2nd, 2026

Location: Private Location

In consideration of being permitted to participate in the above-described saline infusion class (“Class”), I, the undersigned participant (assuring I am over 18 years of age), acknowledge and agree as follows:

1. Nature of the Class

I understand that this Class involves demonstrations and/or hands-on practice with saline infusion. I acknowledge that saline infusion is an invasive procedure that carries inherent risks, including but not limited to: bruising, pain, swelling, infection, allergic reaction, vein irritation, infiltration, or other adverse effects.

2. Voluntary Participation

I confirm that my participation is voluntary. I have disclosed to the instructor any medical conditions, allergies, or other relevant health information that may affect my participation.

3. Assumption of Risk

I knowingly and freely assume all risks associated with my participation in the Class, whether known or unknown, and accept full responsibility for my participation.

4. Release of Liability

To the fullest extent permitted by California law, I release and discharge Adrian Leontovich / The MeatUp LLC, its officers, employees, contractors, volunteers, and affiliates (“Released Parties”) from any and all liability, claims, demands, or causes of action arising from my participation in the Class, including those resulting from the ordinary negligence of the Released Parties. I understand this does not release claims arising from gross negligence, willful misconduct, or violations of applicable medical or health regulations.

5. Medical Consent

I authorize the Released Parties to provide or secure emergency medical treatment for me if needed. I agree to be solely responsible for any resulting medical expenses.

6. Indemnification

I agree to indemnify and hold harmless the Released Parties from any claims or expenses (including attorney’s fees) resulting from my participation.

7. Acknowledgment of Understanding

I have read this document, fully understand its terms, and sign it freely and voluntarily. I understand that by signing this waiver, I may be giving up certain legal rights.

Participant's Full Name: _____

Signature: _____ **Date:** _____

Emergency Contact Name & Phone: _____