**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

FOR AND IN CONSIDERATION of being permitted to voluntarily participate in the **WBD Fit Nation Friends & Family 5K on the Warner Bros. Studios Main Lot** (the “Event”), I, for myself, my personal representatives, assigns, heirs, and next of kin:

* + 1. ACKNOWLEDGE, agree, and represent that I have voluntarily elected for my dependent child (“Dependent”) to participate in the Event. I understand that my Dependent’s participation in the Event is independent of my or any other individual’s employment with Warner Bros. Discovery, Inc. or one of its affiliates or subsidiaries (collectively, the “Company”), and not an expressly or impliedly required incident of their employment or an act being carried out in the course of their employment. I further understand, agree, and acknowledge that I have made this decision of my own accord, without coercion or duress. I further understand, agree, and acknowledge that the Event will not produce any substantial direct benefit to the Company beyond improvement to health and morale of participants that is common to all kinds of recreation and social life. I further acknowledge, agree and represent that neither I nor my Dependent will receive any pay or remuneration of any kind for my or my Dependent’s participation in the Event, and that if I am an employee of the Company my or my Dependent’s participation may occur only during non-compensated hours.
    2. ACKNOWLEDGE, agree, and represent that I understand the nature of the Event and that my Dependent is qualified, in good health, and in proper physical condition to participate in the Event. My Dependent does not suffer from any known physical or mental disability or condition that would prohibit or restrict my Dependent from participating in the Event or that would endanger my Dependent or others if my Dependent participates in the Event. I have advised my Dependent that any person partaking in a fitness event, or initiating a substantial change in the amount of regular physical activity performed, should obtain an examination by a physician prior to partaking in such event. If I have chosen not to obtain a physician’s examination and/or consent for my Dependent prior to my Dependent partaking in the Event, I agree that I am doing so solely at my own risk and by my own choice. I understand that it is my sole responsibility to elect for my Dependent to participate in activities that are appropriate for the current status of my Dependent’s health. If I have any questions or concerns about whether a particular activity is appropriate to my Dependent’s current health status, I understand it is my responsibility to consult my Dependent’s doctor as to that question or concern. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately require my Dependent to discontinue further participation in the Event.
    3. FULLY UNDERSTAND that: (a) the Event involves risks and dangers of serious bodily injury, including without limitation permanent disability, paralysis, and death (“Risks”); (b) these Risks and dangers may be caused by my own or my Dependent’s actions or inactions, the actions or inactions of others participating in the Event, the conditions in which the Event takes place, or the negligence of the “Releasees” named below; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I or my Dependent incur as a result of any participation in the Event.
    4. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUEWarner Bros. Discovery, Inc.and any of its past, present, or future parent corporations, subsidiaries, divisions, affiliates, licensees, successors and assigns and its and their officers, directors, agents, trustees, insurers, attorneys, employees, administrators, members, volunteers, and other participants (collectively referred to as “Releasees”) from all liability, claims, demands, losses or damages caused or alleged to be caused to me or my family members and dependents in whole or in part by any acts or omissions of the Releasees, “Fit Nation” or otherwise in connection with or arising out of or pertaining to my Dependent’s participation in the Event, including, without limitation, through negligence or negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement I, or anyone on my or my Dependent’s behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorneys’ fees and costs, loss, liability, damage, or cost which may incur as the result of such claim. I further understand and acknowledge that any injury sustained during, or as a result of, my Dependent’s participation in the Event will not be compensable under any of the Company’s workers’ compensation programs.
    5. ACKNOWLEDGE, agree and represent that Warner Bros. Discovery, Inc. and each of its licensees, subsidiaries, affiliates, divisions, successors and/or assigns, shall have the right to use, re-use, publish, re-publish, distribute, display, license, disseminate and otherwise exploit (and authorize others to do the same), throughout the world, any and all photographs, videotapes, recordings and/or likenesses of me, my Dependent or any of my family members and dependents (and any portions, reproductions, composites, distortions and/or transformations thereof), in any medium now or hereafter known, taken or created in connection with my Dependent’s participation in the Event (collectively, the “Depictions”), for and/or in connection with any purpose whatsoever (specifically including, without limitation, any advertising, promotional and/or trade purposes).  I expressly assign and grant to Company all other rights, including copyrights (and all extensions and renewals thereof), in and to the Depictions, which Company may secure exclusively in Company’s own name or that of any designee.  I hereby waive any right to inspect or approve the Depictions, and/or any products and/or materials used in conjunction therewith, and I acknowledge that the Depictions may be used with or without my, my Dependent’s or my family members’ names.  I acknowledge that, except as otherwise set forth herein, neither I nor my Dependent will receive any payment, consideration or remuneration in connection with the grant and/or exercise of the rights set forth herein, and I release the Releasees from all liability of any kind (in law or in equity) resulting from or arising out of the same.  I warrant and represent that I am over the age of majority, and fully authorized to enter into this Agreement and to grant the rights herein granted. I shall defend, indemnify and hold the Releasees harmless from and against any and all claims to the contrary.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, HAVE HAD AN OPPORTUNITY TO CONSULT WITH AN ATTORNEY IF I WANTED TO ABOUT IT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF MINE AND MY DEPENDENT BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS DOCUMENT SHALL BE GOVERNED BY CALIFORNIA LAW.

Name of Dependent Child Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Adult Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGBUS/NST/Contracts