

CENTURY QUEST WAIVER STATEMENT

I, the undersigned, voluntarily agree to participate in the Century Quest challenge and understand that my participation involves certain commitments as outlined in the challenge guidelines.

Data Collection and Usage:

I hereby consent to the collection, storage, and analysis of the following data:

- Diet: Calories and nutrients
- Physical Activity: Type, duration, and intensity
- Mental Wellness Practice: Techniques and duration
- Social Engagement: Interaction type
- Sleep Quality: Duration and quality

I agree to send this data to the email address ai@yourmd.online for the purpose of understanding correlations to longevity.

Privacy and Confidentiality:

I understand that my individual data will be kept confidential and that only aggregated, anonymized insights will be shared publicly or used for research purposes.

Use of Information:

I acknowledge that the data I provide will be used solely for research to understand correlations to longevity and contribute to the betterment of community health practices.

Liability Release:

I hereby release and hold harmless the organizers of the Century Quest, their affiliates, partners, and researchers from any claims, demands, or causes of action arising from my participation in this challenge or use of the provided data.

Voluntary Participation:

I confirm that my participation is entirely voluntary, and I may withdraw my consent and discontinue participation at any time without penalty.

Contact and Support:

For questions, support, or concerns related to the Century Quest or this waiver, I understand that I can contact the organizers at the provided email address.

By sending my data to ai@yourmd.online, I acknowledge that I have read, understood, and agree to all the terms outlined in this waiver.

Name:

