

In agreeing to participate in health and wellness services and/or activities offered by **Dottore Per Te**, I agree to the following:

1. I understand and acknowledge that it is very important that all the medical information I provide to **Dottore Per Te** is accurate and complete. I affirm that I have stated all of my known medical conditions and answered all questions honestly. I understand and acknowledge that any omissions or false information in my medical history may have a negative effect on my health or outcomes.
2. I agree to keep **Dottore Per Te** updated as to any changes in my medical profile, and I understand and agree that **Dottore Per Te** will not be liable should I not do so.
3. I attest that I have no mental or physical problems or limitations that might compromise or affect my ability to participate in **Dottore Per Te** related Health and Wellness activities and represent that I am fully capable of participating in these activities without causing harm to me or others.
4. I understand that the Company may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of the services provided, and any administrative operations related to my treatment or payment.
5. I understand and acknowledge that many of the health and wellness services and activities offered by **Dottore Per Te**, including heavy metal testing involving the use of chelating agents, hormonal evaluations, and certain natural remedies, while widely available in Europe, are not approved by the United States Food and Drug Administration.
6. I certify that no guarantees have been made to me by **Dottore Per Te**, its officers, board members, directors, employees, agents, trainees, or contractors as to the effect of any treatment or other health and wellness services or activities by **Dottore Per Te** and that outcomes may vary from person to person.
7. In both supervised and unsupervised activities, I agree to be responsible for my own safety.
8. I acknowledge that I have responsibilities as a participant to discontinue my participation if I believe that the diagnostic and or therapeutic approach of the Health and Wellness agreed upon activities is causing unknown or unanticipated side effects.
9. I acknowledge that **Dottore Per Te** Medical staff and personnel is, and have been available, to answer any questions about the nature of the diagnostic and therapeutic approaches and the risks associated with such activities.
10. I understand and acknowledge that participation in any health and wellness service or activity presents some inherent risk of injury. While it is impossible to enumerate all of the possible ways in which injuries may occur, some examples are: a) the failure to comply with the instructions for all **Dottore Per Te** related Health and Wellness agreed activities; b) the existence of mental or physical health problems; c) the active or passive negligence including gross negligence, of the representatives, employees, agents or volunteers of **Dottore Per Te** or other participants in the services or activities; d) accidents; e) my own negligent actions; and f) failure of the **Dottore Per Te** related Health and Wellness services or activities.

I understand that the above list is not complete and that other unknown or unanticipated risks may result in bodily injury, property damage, permanent disability, paralysis, death, or other loss for me or for others.

11. I understand and acknowledge that Dimercapto-propane-sulfonic acid (2,3)-(DMPS) for heavy metal testing has the following known side effects: Gastrointestinal: Nausea vomiting, abdominal pain and cramps. Occasionally, patients may develop fever, chills, or cutaneous reactions, which are most likely allergic in nature, such as itching or rashes, which usually are reversible once the treatment is stopped. Severe allergic dermatological reactions like erythema multiforme and Steven-Johnson's Syndrome have been described in rare cases. In some cases, increase in the level of transaminases (liver enzymes) may occur.

12. I assume and accept full responsibility for those risks identified here and for those risks not identified, and for bodily injury, property damage, lost or stolen property, permanent disability, death, paralysis, or other loss suffered by me as a result of those risks, my own negligence or other conduct, or the negligence of ***Dottore Per Te*** and its agents.
13. I understand that the presence of ***Dottore Per Te*** medical staff and personnel is absolutely no assurance of my safety or the mitigation of any of these risks.
14. My participation in activities is purely voluntary and I choose to participate in its Health and Wellness activities in spite of, and with complete knowledge of, the risks of injury.
15. On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns:
  - a. I HEREBY WAIVE, RELEASE, AND DISCHARGE (AND COVENANT NOT TO SUE) DOTTORE PER TE AND ITS AGENTS, DIRECTORS, OFFICERS, MANAGERS, REPRESENTATIVES AND MEMBERS FROM ANY AND ALL LIABILITY, including but not limited to, liabilities or claims made as a result of my participation in a health or wellness service or activity arising from the active or passive negligence including gross negligence, or fault of the entities or persons released, for my death, disability, personal injury, property damage, theft, or loss, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.
  - b. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE DOTTORE PER TE, ITS AGENTS, DIRECTORS, MANAGERS, OFFICERS, REPRESENTATIVES AND MEMBERS for any and all liabilities or claims made as a result of my participation in a health or wellness service or activity, whether caused by the active or passive negligence including gross negligence or fault of the entities or persons released.

I HEREBY VOLUNTARILY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND ALL HEALTH AND WELLNESS SERVICES AND ACTIVITIES OFFERED BY DOTTORE PER TE.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. I HAVE READ AND UNDERSTOOD IT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

ONLY for Minors:

Parent(s) or Guardian(s) must sign below for any participating minor (those under 18 years of age) and agree that they are subject to all the terms of this Agreement, including, without limitation, the Indemnification paragraph set forth above.

I ACKNOWLEDGE THAT DOTTORE PER TE IS RELYING UPON MY SIGNATURE AS PARENT OR GUARDIAN OF MY CHILD OR WARD. I AGREE THAT, IF DESPITE THIS AGREEMENT, A CLAIM IS MADE BY OR ON BEHALF OF MY CHILD OR WARD AGAINST YOUNIQUE CLINIC, ITS AGENTS, DIRECTORS, MANAGERS, OFFICERS, REPRESENTATIVES AND MEMBERS, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS YOUNIQUE CLINIC, ITS AGENTS, DIRECTORS, MANAGERS, OFFICERS, REPRESENTATIVES AND MEMBERS, FROM ANY LOSS, LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS A RESULT OF SUCH CLAIM, INCLUDING WITHOUT LIMITATION, LEGAL FEES ASSOCIATED WITH DEFENDING SUCH CLAIM BROUGHT BY OR ON BEHALF OF MY CHILD OR WARD.