

Trevor's Love, Inc.
Disclosure, Waiver, and Release of Liability

Disclosure and Acknowledgment:

While the undersigned participant ("Participant") is engaging with any practitioner, employee, contractor, or agent at or associated with Trevor's Love, Inc. (collectively referenced "Practitioners") and while such Practitioners are providing certain services, including, but not limited to, massage therapy, herbal solutions, or any such other naturopathic therapies, the Participant understands and acknowledges that Participant is NOT consulting with a licensed medical professional in any capacity and is NOT being advised as to any form of medical diagnosis, treatment, or other activities typically undertaken by a licensed physician. Regardless of the tasks, conversations, consultations, or other interactions undertaken by the Participant, the Participant recognizes and agrees that individualized recommendations are offered and provided by such Practitioners as an educational and informative consultation only. Participant recognizes that any action taken by Participant because of any such consultation, therapy, or other service is done at the sole discretion of the Participant. Participant further understands that it is strongly recommended that Participant maintain a relationship with one or more licensed physicians qualified to care for bodily or mental health condition(s) and that Participant communicate with such licensed physician(s) regarding any services or action taken in conjunction with a consultation or service provided by any Practitioner.

Release of Liability:

In exchange for the fee paid, Practitioner is providing a service, consult, or other program to assist Participant with whole body wellness through the use of massage therapy, various herbal solutions, and other naturopathic therapies. Therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Participant knowingly and willingly fully waives, releases, and discharges any and all claims the undersigned Participant might have or may have in the future, against any Practitioner, or Trevor's Love, Inc, its officers, directors, members, agents, contractors, independent contractors, attorneys, and employees, which might or could arise from the Participant engaging in the services provided by any Practitioner and as generally referenced herein.

By agreeing to or signing this Disclosure, Waiver and Release of Liability, Participant agrees that neither Trevor's Love, Inc. or any of its Practitioners shall be responsible for any negative consequence of any kind which is claimed to result from: 1) Participant's engagement in any of Trevor's Love, Inc.'s activities or consultations; or 2) from the use of any information learned or obtained during such programs, activities or consultations, including, but not limited to, the integration and use of herbal medicine, massage therapy, or any other naturopathic therapy.

More specifically, Participant acknowledges and agrees to the following (please initial all that apply):

_____ Participant understands and acknowledges that Practitioners are NOT medical physicians, nor do such Practitioners engage in standard medical assessment, diagnosis or treatment. In any activity the Participant engages in while interacting with such Practitioners, the Participant acknowledges and agrees that he/she seeks this information only for health-related matters, and strictly for educational purposes. Participant understands that information received in the course of any interaction with the Practitioners should not be interpreted as the advice of a licensed medical professional. The undersigned Participant acknowledges that if such Participant chooses to use any of the information provided in the course of Participant's interactions with the Company, that such Participant will first consult with Participant's physician before pursuing any form of treatment and in engaging in the programs, or private consultation with Practitioners.

_____ Participant recognizes that it is Participant's sole responsibility to notify the Practitioner ahead of time, both verbally at the time of any such service and in writing, of any pre-existing medical conditions or injuries or if any discomfort should arise during any such service.

_____ Participant understands that the Practitioners do not claim to offer advice about the use of any type of pharmaceuticals or medications and that the information obtained via consult with any such Practitioner is meant for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease.

_____ Participant is fully aware of the potential risks and dangers associated with utilizing dietary, nutritional, homeopathic, naturopathic therapies, and other natural or alternative forms of medicine as a substitute for the advice and treatment administered by a licensed physician, and Participant hereby releases, waives, and discharges Trevor's Love, Inc., its officers, directors, shareholders, members, agents, contractors, independent contractors, attorneys, and employees from any claim based on the Participant's use of such the same.

_____ Participant fully understands, appreciates, and accepts the risks and dangers of utilizing dietary, nutritional, homeopathic, and other natural or alternative forms of medicine as a substitute for the advice and treatment administered by a licensed physician, and Participant voluntarily chooses to interact with and engage in the discussion of alternative health remedies with Trevor's Love, Inc. and its Practitioners.

_____ Participant has the right to have this Disclosure, Waiver, and Release of Liability reviewed by Participant's lawyer and by initialing here and signing below Participant acknowledges he/she has done so or has decided not to do so.

By signing this informed consent, the Participant agrees to forever release Trevor's Love, Inc., its officers, directors, shareholders, members, agents, contractors, independent contractors, attorneys, and employees from any and all actions, claims or demands that Participant, Participant's heirs, next of kin, spouse and legal representatives now have, or may have in the future related to Participant's engagement in any of the services offered by Trevor's Love, Inc. or its Practitioners. Participant agrees to be responsible for all legal costs and fees that may result from action(s) on Participant's part or on the part of Participant's representative(s) against Trevor's Love, Inc. or any Practitioner. Participant agrees that any dispute or matter shall be judged by the standards and principles of complementary, alternative, naturopathic therapies, and/or holistic medicine and not the standards and principles of conventional medicine.

This Disclosure, Waiver, and Release of Liability shall be interpreted, enforced and governed in all respects by Florida law. In the event of any dispute, controversy, or claim arising out of or related to this agreement, including the validity of this mediation clause, the parties agree to participate in at least four (4) hours of mediation. The parties agree to select a mutually acceptable mediator in Manatee County, Florida. The parties shall share the mediator's fee and any filing fees equally. The mediation shall be held in a place mutually acceptable to the parties in Manatee County, Florida.

Should any provision of this agreement be held by a court or arbitral authority of competent jurisdiction to be enforceable only if modified, or if any portion of this agreement shall be held to be unenforceable and thus stricken, such holding shall not affect the validity of any other provision of this agreement, the balance of which shall continue to be binding on the parties with any such modification to become a part hereof and treated as though originally set forth in this agreement.

WAIVER OF JURY TRIAL. PARTICIPANT HEREBY WAIVES ITS RIGHT TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF THIS DISCLOSURE, WAIVER, AND RELEASE OF LIABILITY. THE SCOPE OF THIS WAIVER IS

INTENDED TO BE ALL-ENCOMPASSING OF ANY AND ALL DISPUTES THAT MAY BE FILED IN ANY COURT AND THAT RELATE TO THE SUBJECT MATTER OF THIS DISCLOSURE, WAIVER, AND RELEASE OF LIABILITY, INCLUDING, WITHOUT LIMITATION, CONTRACT CLAIMS, TORT CLAIMS (INCLUDING NEGLIGENCE), BREACH OF DUTY CLAIMS, AND ALL OTHER COMMON LAW AND STATUTORY CLAIMS.

Participant's signature verifies that Participant has not been told to discontinue treatments with any other medical specialists or other health care providers. Participant's signature is being given prior to rendering any service, advice, and/or recommendations whatsoever.

I, the undersigned (Participant), acknowledge that I have read and understood the contents of this Disclosure, Waiver, and Release of Liability and hereby agree to the same.

Signature

Date

Print Name