

# ETERNITY MEDICAL INSTITUTE (EMI) Clinical Wellness Study Group

## **PARTICIPATION AGREEMENT**

*Whereas*, Eternity Medicine Institute, hereafter (EMI) - (the "Provider") and \_\_\_\_\_ a voluntary participant and employee of the Washoe County School District, hereafter (the "Participant"), both enter into a medical wellness clinical study agreement for a period of four months (120 days); and

*Whereas*, the Participant agrees and commits to follow EMI's medical recommendations, consume the fluids and supplements provided; and

*Whereas*, the participant agrees to complete, on a daily basis (if necessary), the Health Assessment (an online information questionnaire) as well as the audio visual and reading assignments (provided at [www.eternitymedicine.com](http://www.eternitymedicine.com) < <http://www.eternitymedicine.com/> ); and

*Whereas*, the Provider agrees to furnish Participant with special micro-clustered filtered alkaline fluids that are very high in anti-oxidants and mineral supplements and to conduct a minimum of 3 different lab test results and 3 diagnostic medical exams conducted by a Nevada Licensed Professionals, all at no cost to the Participant as long as Participant remains in good standing during the 120 day clinical trial; and

*Whereas*, all personal medical information will be kept absolutely confidential and only through written request and approval by both parties will any personal medical records acquired during this study be released; and

*Whereas*, if Participant fails to faithfully complete the terms of the clinical study, EMI has the right to immediately suspend all benefits and supplements previously provided as well as require the Participant to immediately return those sample supplements to EMI through his/her employer; and

*Whereas*, EMI agrees to present a very special gift certificate to each participant for their faithful participation in the clinical trial upon completion and finally

*Whereas*, this EMI Wellness Clinical Trial is provided for the personal benefit of each volunteering participant of Washoe County School District, with the exclusive goals of reducing, substantially, the cost of all health care for covered employees while concurrently providing a personal pathway for each volunteer to a new paradigm shift in preventative/primary medical care provided by the Physicians and Staff of Eternity Medical Institute.

**GENERAL RELEASE**

As a condition to EMI's provision of the services and products set forth herein, the undersigned, and his successors in interest whether specifically mentioned herein or not, do hereby release, and forever discharge EMI and each of its subsidiaries, their respective directors, officers, agents, whether specifically mentioned herein or not, of and from any and all liability, actions, claims, demands, damages and liabilities to person(s), expenses and compensation of every nature, kind and character whatsoever, whether known or unknown, contingent or actual, whether statutory, contract, or in tort on account of or in any way connected with or related to EMI's provision of the services and products set forth herein. It is the express intention of the undersigned that this Release be as broad as permitted by law.

Undersigned represents and warrants that execution hereof is free and voluntary; that no inducements, threats, representations, or influences of any kind were made or exerted by or on behalf of EMI; and that, prior to the execution hereof, undersigned was given the opportunity, if desired, to consult with counsel. This Release shall be binding upon the undersigned, their heirs, successors and legal representatives.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this *Release as of the* \_\_\_\_\_ day of \_\_\_\_\_, 2010,

*Dated the* \_\_\_\_\_ day of \_\_\_\_\_ 2010,

\_\_\_\_\_  
\_\_\_\_\_

Name  
Officer EMI

Kale Flagg, Chief Operating

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature (A Volunteering Participant of WCSD)

Notary Public

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

By: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_,  
\_\_\_\_\_

By \_\_\_\_\_

Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_