

Preventative Health Education
WAIVER AND RELEASE OF LIABILITY FORM

For and in consideration of the opportunity to participate in **Shannon Garrett Wellness Inc.** holistic wellness and lifestyle, nutrition, or thyroid programs and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, for and on behalf of myself and my personal representatives, family, heirs, successors, assigns and next of kin,

I do hereby fully and forever waive, release, discharge, and covenant not to sue Shannon Garrett or her successors, assigns, parents, subsidiaries, affiliates, owners, employees, representatives, officers, agents, contractors, and directors (each considered one of the "Releasees" hereunder) from any and all liability, actions, causes of action, suits, proceedings, controversies, damages, judgments, executions, claims and demands whatsoever, in-law, equity or otherwise, that may arise and that may be caused or alleged to be caused, in whole or in part, by the negligence or intentional conduct of one or more of the Releasees or otherwise, including, but not limited to, any claim of personal injury, medical complications, allergic reactions, death, property damage or failure to achieve my desired health benefits. I intend this Waiver and Release of Liability to be effective whether or not any accident, loss, damage, injury or death results from the negligence or intentional misconduct of one or more of the Releasees.

I agree that if, despite this Waiver and Release of Liability, I, or anyone on my behalf including, but not limited to, my personal representatives, family, heirs, successors, assigns and/or next of kin, makes a claim or claims against any or all of the Releasees, I will indemnify and hold the Releasees (or any one of them) harmless from any and all litigation expenses, attorney fees, claims, judgments, losses, liabilities, damages or costs which may be incurred by the Releasees (or any one of them) as a result of and/or in association with such claim or claims. I agree to and understand that I am ultimately and solely responsible for what I choose to put in my body including supplements, nutraceuticals, vitamins, minerals and foods. I agree to review manufacturer's labels and any caution statements in so doing.

I have read and I voluntarily sign this Waiver and Release of Liability Agreement. I fully understand its terms, I understand that I have given up substantial rights by signing it and I have signed it freely and without any inducement or assurance of any nature and I intend it to be a complete and unconditional release of liability to the greatest extent allowed by the law. I agree that if any portion of this agreement is held to be invalid or unenforceable, the remainder shall continue in full force and effect to the maximum extent allowable by law. This Waiver and Release of Liability have no expiration date.