

MED-FREE FOR LIFE BLUEPRINT PARTICIPATION AGREEMENT

By signing where indicated below, you irrevocably agree that if Mihalyov Enterprises LLC, operating as Trinity Health Coaching (the "Company" or "we/us") approves your application and accepts you as a Med-Free For Life Blueprint (the "Program") participant, this agreement automatically becomes a binding contract between you and the Company, and applies to your participation in the Program. By signing below, you are acknowledging that you have read, agree to and accept all of the terms and conditions contained in this Agreement. We reserve the right to amend this Agreement at any time by sending you a revised version at the address you provided.

The investment to take part in the Program is the following: **1) For 4-month Program** - \$4,500 USD (paid in full) OR \$2,000 down payment AND 2 monthly payments of \$1,750 USD (\$5,500 USD total); **2) For 6-month Program** - \$4,990 USD (paid in full) OR \$2,000 down payment AND 3 monthly payments of \$1,332 USD (\$5,996 USD total); **3) For 10-month Program** - \$5,990 USD (paid in full) OR \$2,000 down payment AND 5 monthly payments of \$999 USD (\$6,995 USD total).

By completing the agreement and signing below, you authorize the Company to charge your credit card, as indicated, as payment for your membership in the Program if the Company approves your Application and accepts you into the Program. Furthermore, you agree that if you are accepted into the Program, you are responsible for full payment of fees for the entire course of the Program, regardless of whether you actually complete the Program, and regardless if whether you have selected a lump sum or monthly payment plan. To further clarify, NO REFUNDS will be issued and all monthly payments must be paid on a timely basis. If monthly payment becomes more than 30 days late, the entire balance becomes due and payable at day 31.

We are committed to providing all Program participants with a positive experience. By signing below, you agree that the Company may, at its sole discretion, terminate this agreement, and limit, suspend or terminate your participation in the Program without refund if you become disruptive or difficult to work with or if you impair the participation of the Program instructor or other participants in the Program.

As a Participant of this Program, and by signing below, you acknowledge that you have access to the following:

- (1) Individual, personal coaching, consisting of weekly 45-minute calls for the first 3 months of Program, followed by bi-weekly 30-minute calls for the duration of the Program.
- (2) Weekly small-group live Q&A webinars beginning in month 4 of Program.
- (3) Prepared meals delivered to your door to help you immediately start eating better (33 meals over 8 weeks).
- (4) Specialized lab tests at beginning and after 3 months in Program.
- (5) 8 weeks of pharmaceutical-quality nutritional supplements.
- (6) Customized menu plan entered into digital tracking app
- (7) Wearable wrist device
- (8) Test device and strips to monitor critical numbers

We respect your privacy and must insist that you respect the privacy of other Program participants. By signing below, you agree not to violate the publicity or privacy rights of any Program participant. Our Program consists of proprietary information, and we must insist that you do not share any of our information with anyone outside your immediate household.

By signing below, you agree that in any Confidential Information shared by Program participants or any representative of the Company is confidential and Proprietary, and belongs solely and exclusively to the Participant who discloses it or the Company, and you agree not to disclose such information to any other person or use it any manner other than in discussion with other Program participants during program sessions.

By signing below, you further agree that all materials and information provided to you by the Company are its confidential and proprietary intellectual property belonging solely and exclusively to the Company, and may only be used by you as authorized by the Company, and the reproduction, distribution and sale of these materials by anyone but the Company is strictly prohibited. Further, by signing below, you agree that, if you violate any of your agreements contained in this paragraph the Company and/or the other Program participants will be entitled to injunctive relief.

We have made every effort to accurately represent the program and its potential. Each individual's success depends on many factors, including his or her willingness to do the work, get the necessary support, and desire to succeed. By signing below, you acknowledge that as with any endeavor, there is no guarantee of specific results due to your Participation in the Program, and that you assume 100% responsibility for your results.

By signing below, you acknowledge that Company representatives are not physicians or registered dietitians, and cannot diagnose, treat or cure any disease. The Company will educate you and help you understand the optimal health principles of healthy living. I also understand that as with any change in diet or exercise, you should consult you doctor, and if you are on any medications you should regularly check back with your doctor so your dosages can be adjusted as needed. For example, if your blood pressure comes down naturally as a result of lifestyle changes, your medications may take your blood pressure too low. For diabetics, if your body naturally begins to bring down your blood sugar levels due to healthier living, it is CRITICAL that you work with your doctor to adjust your medications.

By signing below, you also acknowledge that you have represented to the Company that payment of your Program membership fees will not place a significant financial burden on you or your family.

Print Name:		Date:	
Signature:			