

RELEASE AND INDEMNIFICATION

I, _____, of (city) _____, Province of _____, hereby release and forever discharge ARIEL JARVIS and VWW VITALITY WELLNESS WORLD CORP. (means in this document "VITALITY") from any and all causes of action whether in law or equity against ARIEL JARVIS and VITALITY regarding ophthalmosomatic analysis, bodywork, or microscopy.

I indemnify ARIEL JARVIS and VITALITY and or their associates from any third party actions against ARIEL JARVIS and VITALITY and or their associates resulting from any and all communications and or treatments, we have regarding ophthalmosomatic analysis, microscopy, bodywork, bioenergetic testing, or nutritional and herbal recommendations.

I realize ARIEL JARVIS and VITALITY and/or their associates are not, nor do they purport to be, Medical Doctors or any other doctors as recognized by the College of Physicians and Surgeons of British Columbia, or doctors under the disciplines related to naturopathic studies or chiropractic studies. I also understand that Vitality Wellness World is a private clinic meaning its registration number is not on file with extended benefits.

I make this release and indemnification of my own free will and not under any duress or undue influence on the part of ARIEL JARVIS and VITALITY and or any of their associates. Also, I understand that the Live Blood Analysis screening test is for observation purposes only and is not to replace or take place of my Physician or Medical Practitioners advice and/or instructions: I further authorize the pricking of my finger to obtain a blood sample for the purposes of this research test. I also give permission for Ariel to touch my person for the purpose of any and all treatments under this indemnification document clause (including but not limited to iridology, acutherapy, organ massage and all other pertaining treatments given by ARIEL JARVIS VITALITY.)

I make this release and indemnification waiver applicable to any Virtual Telemedicine appointments (including but not limited to phone and video calls) that I have with ARIEL JARVIS and VITALITY.

I attest that I am not an employee or associated with any institution or government office who would use any information spoken or observed for the purpose of entrapment or obtaining material for use that would be used in any way against me, my associates, or my company.

I understand that treatments through VITALITY are non-refundable, and appointments cancelled less than twenty-four hours before the scheduled appointment time and no-shows are subject to a fifty dollar late cancellation/no-show charge.

SIGNED AND DATED this _____ day of (month) _____, 20__

Signature

Signature of Witness