

CONFIDENTIALITY AND CLASS AGREEMENT FOCUS CLASS

Sound Health Alternatives International, Inc.

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I hereby understand that this technique is not a medical treatment and that it is not presented, either expressly or implied, as a medical treatment. I understand that these processes and equipment are experimental and not guaranteed by Sharry Edwards or Sound Health Alternatives International, Inc. I acknowledge that there are no guarantees that, as a result of this class, I will be able to perform the procedures of Signature Sound Techniques & Technologies© due, among other factors, to each individual's ability to grasp the materials presented and commitment to study.

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I understand that Sharry Edwards is not a licensed physician and is not holding herself out as a licensed physician nor as practicing medicine.

I hereby agree that if, upon completion of this course, or by the use of the equipment supplied by Sharry Edwards, I practice Signature Sound Assessment© or any Signature Sound Techniques and Technology©, then I am acting independently and I am not acting as an agent or representative of Sharry Edwards or Sound Health Alternatives, Inc.

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I understand that as an individual attending this course I will be authorized by license, which may be renewed yearly, to use the materials and information provided by Sharry Edwards or Sound Health Alternatives, Inc., solely for the purposes of applying the procedures of data gathering and research as described herein. The textbook and the accompanying materials which may be supplied remain the exclusive property of Sharry Edwards or Sound Health Alternatives, Inc., and must be returned to same upon the termination of my provision of research data, or as

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I understand that only persons attending this course are authorized to access, use, or process information from the course, and that any rights obtained by taking this course are not assignable by me to any person.

I further understand that by taking this course, I am not entitled to teach this technique or technology unless or until I have completed an Instructor Training course with Sound Health Alternatives International, Inc. I acknowledge that should I teach any information obtained from this course, such teaching would be a breach of this agreement and would be in violation of various contract laws, copyright laws, patent laws, intellectual property rights laws, and various other laws of the State of Ohio and the United of America, and that legal action could, and likely would, be taken against me as a result.

I hereby waive all rights to any cause of action against Sharry Edwards or Sound Health Alternatives International, Inc. arising as a result of my taking this class, the information I receive herein, the techniques taught herein, or the equipment supplied by Sharry Edwards or Sound Health Alternatives International, Inc.

I agree to hold Sharry Edwards and Sound Health Alternatives, Inc. harmless against any claims made as a result of my use of Sharry Edwards' or Sound Health Alternatives, Inc.' techniques, materials or property, and agree that they shall not be held liable for any of my actions or the actions of my agents.

I proclaim that I am not, or will not be, a person, or an agent of any person or corporation, who wishes to stop the legal dissemination of complementary or alternatives wellness practices.

I agree that neither I, nor any agent representing me, will make any attempt to duplicate or modify any of the equipment used in this course without the express written approval of Sharry Edwards or her representative.

I will be willing to share my experiences using Signature Sound Techniques & Technologies© for research purposes to Sound Health Alternatives International, Inc. and Sharry Edwards in a timely, organized and credible manner.

If I perform Signature Sound Assessments© on any person after completing this course, I agree to hold Sharry Edwards and Sound Health Alternatives International, Inc. harmless, and release them from any and all liability associated with my practice of this experimental technique. If Sharry Edwards or Sound Health Alternatives International, Inc. would be involved in any litigation associated with my actions, I hereby agree to hold them harmless, to be responsible for any losses associated with said litigation and to pay all costs of litigation including reasonable attorney fees herein.

I am participating in this class for the express intent for which is it being provided, and acknowledge express prohibitions and restrictions stated in the text and computer program copyright proclamations. I agree to abide by the Code of Conduct as set forth and created by the BioAcoustics Ethics Committee.

The laws of the State of Ohio and of the United States of America will govern this agreement. The parties hereto specifically consent to personal jurisdiction in the State of Ohio, and that any legal action brought hereunder shall be brought in the State or Federal Courts of the State of Ohio.

I hereby acknowledge that I am signing this agreement voluntarily and of my own free will and that I understand it fully.

BOOK ID #: _____

PRINTED NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

DATE: _____

FOR SOUND HEALTH ALTERNATIVES, INTERNATIONAL:

ver 7.06