

THE INFINITY WAY™ PROGRAM 7-MONTH AGREEMENT

MUST BE SIGNED PRIOR TO FIRST APPOINTMENT WITH ANY PRACTITIONER

THIS AGREEMENT is made on _____, by Infinity Wellness Center, operating as The Infinity Way™ Program (herein “the Program”) which includes Dr. Tenesha Wards and/or other duly authorized members of her staff (herein “the Company” or “we/us” or “Practitioner” or “Doctor”), and _____ (herein “the Client”).

THE AGREEMENT is entered into based upon the following facts:

1. The Client acknowledges that information in this Program is for informational purposes only and is not a substitute for medical advice or a diagnosis provided by the Client’s own health care professional. The Client should not use the information contained herein for diagnosis or treating a disease. We do not diagnose or treat any medical condition. We coach the Client to optimal health and wellness. If the Client has or suspects a medical problem during their participation in the Program, the Client must promptly contact their primary health care provider.
2. The Company will provide services outlined in this Agreement and this Agreement will not be binding and effective unless so signed.

NOW, THEREFORE, in consideration of the mutual agreements between the parties and for other good and valuable consideration, the parties hereto agree as follows:

(1) SERVICES TO BE PROVIDED.

The Client acknowledges having access to the following:

- a) Personalized and customized wellness coaching program using The Infinity Way™ developed by Dr. Tenesha Wards.
- b) Lifetime access to our Online Training Program - The Infinity Way™ Program which guides the Client to successfully implement all aspects of The Infinity Way™ Program and coaching Program.
- c) Monthly 1:1 calls with assigned primary Doctor to keep the Client on track and accountable toward their goals, review of lab results, review of test results, and any other changes to the Client’s individual Program plan, when applicable.
- d) Monthly digital check-in with assigned primary Doctor of symptoms / improvements.
- e) Mindset coaching program with a results-producing Life Coach to keep the Client on track and accountable toward their goals.
- f) Nutrition coaching with a Functional Nutritionist to keep the Client on track and accountable toward their goals.
- g) Invitation to The Infinity Way™ private chat for 24/7 support, ongoing access to group calls, answers to Frequently Asked Questions, LIVE Q & A’s with Dr. Wards, access to recipes, and other health tips for the duration of the Program.
- h) Access to any of our weekly group calls or calls related to this ongoing Program, health topics, mindset coaching, and Doctor Q & A.
- i) All nutritional herbs, hormones, and supplements recommended by Practitioner.
- j) Access to our online pharmacy, FullScript, for one year.
- k) Labs included: 1 functional blood chemistry performed during the Program (blood lab may be changed to a different lab deemed necessary by the assigned Practitioner).
- l) Handouts, workbooks, and journal as provided by the Program during the Client’s participation. These can be replaced at the Client’s expense, as one copy will be provided when needed during the Program.
- m) Personal concierge access to your Practitioners for Health and Wellness concerns.

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(2) PAYMENT.

The total cost of the Program is \$10,675. There are several payment options which are listed below:

- Option 1: One payment of \$9,497 – a savings of \$1,178
- Option 2: Three payments of \$3,362 – a savings of \$589
- Option 3: Seven monthly payments as follows, which average \$1,525 per month
 - Payment 1: \$2,000
 - Payments 2-7: \$1,445.83

All fees for services provided pursuant to this Agreement will, unless otherwise expressly agreed upon by the parties in one or more duly executed supplement(s), be due and payable at the beginning of the prescribed treatment program.

The Client authorizes the Company to charge/debit the Client's credit card/bank account on file as indicated - as payment for the Client's participation in the Program.

If the Client's monthly payment becomes more than 30 days late, the entire balance of the Program becomes due and payable on the last day of the month in which the payment is due.

The Client also acknowledges payment of Program participation fees will not place a significant financial burden on the Client or the Client's family.

(3) CLIENT COOPERATION.

We have made every effort to accurately represent the Program and its potential. Each Client's success depends on many factors, including the willingness to do the required work, follow instructions as provided, use the necessary and supplied support, and the desire to succeed. The Client acknowledges 100% responsibility for successful results, and acknowledges adherence to the process of The Infinity Way™ Program will guarantee some improvement in the quality of the Client's life.

(4) TERMINATION.

The Client is responsible for full payment of fees for the entire course of the Program, whether the Client attends, participates in, or completes the Program, and regardless of if the Client has paid in full or selected a payment plan. In the event of an extenuating circumstance including but not limited to hospitalization, death, or other criteria which the Company may request proof of, the Company may decide to offer a refund.

We are committed to providing all Clients with a positive Program experience. The Client has been made aware of and agrees that the Company may terminate this Agreement, and limit, suspend, or terminate the Client's participation in the Program without refund or forgiveness of remaining monthly payments. This is at the Company's sole discretion and may occur due to, but is not limited to, the following reasons:

- a) If the Client becomes disruptive or difficult to work with
- b) If the Client impairs the participation of the Program instructor or other Clients in the Program
- c) If the Client shares, without authorization, the proprietary information, ideas, plans, and trade secrets of the Program
- d) If the Client violates the publicity or privacy rights of any Program Client
- e) If the Client violates any other part of this Agreement and any amendments or instructions as provided by the Program.

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(5) REFUNDS IN THE EVENT AGREEMENT IS TERMINATED.

Once this agreement is signed, the refund policy is as follows:

1. If Client terminates on day 0 through 30, they will be refunded all monies except for \$2000.
2. If Client terminates on day 31 through day 90, they will be refunded all monies minus \$4575. If the Client is on a payment plan that hasn't yet satisfied the \$4575, the Client is responsible for the balance which will be due within 7 days of terminating this agreement.
3. If after 90 days the Client wants to terminate this agreement, no refunds will be given and all payments will be processed according to payment schedule, regardless of extenuating circumstances.

(6) TIMING OF REFUNDS TO PATIENT.

Qualifying refunds will be paid to the Client within 30 days of termination by either party.

(7) MISSED VISITS.

Missed coaching calls and progress appointments must be made up within 2 weeks of missing. If 24 hours is not given to reschedule an appointment, the client forfeits that appointment. In the case of an emergency situation, it is the discretion of the Practitioner or Doctor to reschedule this appointment.

(8) PAYMENT DOES NOT GUARANTEE RESULTS.

Client recognizes this Agreement is not a guarantee of results and deals solely with the services to be rendered and the fees to be paid for the care as provided. The Client's payment obligation is not contingent upon the outcome of care.

(9) CONFIDENTIALITY.

We respect the Client's privacy and must insist that the Client respect the privacy of other Program Clients. By signing below, the Client agrees not to violate the publicity or privacy rights of any Program Client. We respect the Client's confidential and proprietary information, ideas, plans, and trade secrets (collectively "Confidential Information") and must insist that the Client respect the same rights of fellow Program Clients and of the Company.

The Client agrees (1) to not infringe upon any of The Infinity Way™'s copyrights, patents, trademarks, trade secrets, or any other intellectual property rights; (2) that any Confidential Information shared by Program Clients or any representative of the Company is confidential and proprietary, and belongs solely and exclusively to the Client who discloses it or the Company; and (3) the Client agrees not to disclose such information to any other person or use it in any manner other than in discussion with other Program Clients during program sessions; (4) the Client agrees that all materials and information provided to the Client by the Company are its confidential and proprietary intellectual property, belonging solely and exclusively to the Company, and may only be used by the Client as authorized by the Company; and (5) the unauthorized reproduction, distribution, and sale of these materials by anyone but the Company is strictly prohibited. Further, it is agreed upon that if the Client violates (or displays any likelihood of violating) any of the agreements contained in this paragraph, the Company and/or the other Program Clients will be entitled to injunctive relief to prohibit any such violations to protect against the potential harm of such violations.

(10) COMPLETE AGREEMENT.

This Agreement constitutes the complete agreement and understanding between the Client and the Company and will not be changed or modified in any way unless agreed to by both parties in writing.

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PLEASE READ THIS DOCUMENT CAREFULLY!

PLEASE DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ IT COMPLETELY.

THE CLIENT HAS FULLY READ AND UNDERSTANDS THIS AGREEMENT AND THE CLIENT AGREES TO ABIDE BY ALL OF THE TERMS HEREOF.

Program Payment Options

Please select:

- [] Option 1: One payment of \$9497 – a savings of \$1178
- [] Option 2: Three payments of \$3362 – a savings of \$589
- [] Option 3: Seven monthly payments as follows, which average \$1,525 per month
 - o Payment 1: \$2,000
 - o Payments 2-7: \$1,445.83

Monthly Payment Date _____

Print Name

Signature

Date