I acknowledge that the use of S7 LLC, WORM CLUB or www.schistosomiasis.org cannot substitute for the care provided by a physician. If I have any concerns regarding my medical condition that I am questioning or inquiring about for, I will contact my doctor. I will in no way rely upon S7 LLC for medical advice knowing that the information learned or test taken will be read by my medical doctor for their review. I have notified my physician that I have chosen to use a urine antigen test kit from S7, LLC and I understand my physician has ordered these services and I will share the results with my doctor for their use. I understand that this kit is not to be used to replace physician care.

I hereby agree to forever release, indemnify and discharge S7, LLC on behalf of me, my spouse, my children, my parents, my guardians, my heirs, assigns, personal representative and estate, and any and all other persons and entities who could in any way represent me or act on my behalf as follows:

1. **DESCRIPTION AND CHARACTER OF ACTIVITY:** I am purchasing products/services from S7 LLC, WORM CLUB or www.schistosomiasis.org for medical diagnostic purposes. I have been informed that the federal Food and Drug Administration (“FDA”) has not approved this device for testing. I have been informed that S7 LLC, WORM CLUB or www.schistosomiasis.org follows FDA recommendations and this test kit is for research purposes only.

2. **RELEASE OF LIABILITY:** Despite all known and unknown risks or potential risks, I agree to hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge S7 LLC, WORM CLUB or www.schistosomiasis.org and agree to hold it harmless of and from all, and all manner of action and actions, cause and causes of action, suits, sums of money, covenants, contracts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity.

3. **MEDICAL AUTHORIZATION:** I agree that if I sustain any injury, or experience any illness or medical condition during, or as a result of my participation of using a test kit, S7 LLC, WORM CLUB or www.schistosomiasis.org, and I shall be responsible for the payment for such medical attention and/or treatment; however, I acknowledge that S7 LLC, WORM CLUB or www.schistosomiasis.org shall have no duty, obligation or liability arising out of the provision.

4. **GOVERNING LAW AND WAIVER OF JURY TRIAL:** In the event a lawsuit is filed against S7 LLC, WORM CLUB or www.schistosomiasis.org, I agree that venue rests solely in Brevard County, Florida, and that the substantive law of Florida shall apply without regard to any conflict of law rules of that State. I specifically waive the right to a trial by jury for any action related to and/or arising out of this agreement.

5. **AGREEMENT CONSTRUCTION:** If any portion of this agreement is found to be void or unenforceable, I agree that the remaining portion shall remain in full force and effect.

6. **DURATION OF AGREEMENT:** I understand that this agreement extends into the future and will have full force and legal effect each and every time I test or use S7 LLC, WORM CLUB or www.schistosomiasis.org for one year from the date of my execution of this agreement.
(7) INDEMNITY: I hereby agree to indemnify and hold S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG harmless from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG including, but not limited to, any and all attorneys’ fees, costs, damages and/or judgments incurs in the event that I cause any injury, damage and/or harm to any agent, owner, officer, director, principal, volunteer, participant, client, customer, invitee, employee, independent contractor, insurer, facility operator, land and/or premises owner, franchisee, and/or any and all other persons and entities acting in any capacity on behalf of for one year from the date of this agreement.

(8) ATTORNEYS’ FEES AND COSTS AND INTEREST: Should S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG or any person and/or entity acting for it and/or on its behalf, be required to incur attorneys’ fees and/or costs to enforce this agreement, I promise to indemnify S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG for all such fees and costs, up through and including any and all appeals, including, but not limited to, all fees and costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(9) PHOTO RELEASE: I give S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG permission to post or use any photos or recorded data for advertisement purposes. I understand no names will be posted or used with the photos.

(11) CONSENT TO JOIN WORM CLUB: I give my permission to S7 LLC, for joining WORM CLUB as a health club for profit LLC. The purpose of this club is for me to gain knowledge and research different parasites and their affects on my body. I understand that I can use an (“NON-FDA”) approved urine antigen test kit for the detection of Schistosomiasis as (“RESEARCH ONLY”) and will share the results of my test with my doctor.

By signing this document, I understand that I may be found by a court of law to have forever waived my right to maintain any action against S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG on the basis of any claim from which I have released S7 LLC, WORM CLUB or WWW.SCHISTOSOMIASIS.ORG herein. I have had sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein for one year from the date of this agreement.

Signature: _________________________  Printed Name: _________________________

Today’s Date: _________________________  Phone: ___________________________

Email: _______________________________  Address: ___________________________

Order #: _____________________________  ______________________________

EMAIL COMPLETED FORM TO: schistosomiasis.testkit@gmail.com

WE WILL MATCH UP YOUR FORM TO YOUR ORDER FOR SHIPMENT.