

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

PLEASE READ CAREFULLY!

In consideration of Eye Spy Health Inc., a corporation duly incorporated under the laws of Ontario (the "**Company**") providing the participant(s) named below (individually or collectively, as applicable, referred to as "**I**" or "**me**" herein) with online parent coaching services relating to youth screen compulsion (the "**Services**"), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement (this "**Agreement**").

I hereby expressly covenant that in no event shall I sue the Company, and I waive and release any and all claims which I have or may in the future have against the Company, its affiliates, and their respective directors, officers, employees, agents, representatives, shareholders, successors and assigns (collectively, "**Releasees**"), on account of injury, death, property damage or any other losses arising out of or attributable to my receipt of the Services, due to any cause whatsoever, including without limitation the negligence of the Company or any other Releasee, breach of contract, or breach of any statutory or other duty of care or otherwise. I covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable legal fees, in connection with any third-party claim, suit, action or proceeding arising out of or resulting from the Services.

By participating in the Services, I confirm that I have read and agree with each of the following statements:

1. I confirm that there has been no inducement or promise, either expressed or implied, made by the Company to lead me to sign the Agreement.
2. I understand that the Company will protect my confidential information to the best of its abilities, but further understand that:
 - (a) technology may not always be secure, and therefore I accept the inherent risk to confidentiality posed by the use of email, text, phone, Skype, and other technology used in the provision of the Services; and
 - (b) the Company may be required to release my confidential information as required by law or court order, to the extent to which the law requires.
3. I understand that the Company is not guaranteeing any results or outcomes following the provision of the Services, including but not limited to changes/improvements in my child's behaviors, habits or attitudes in relation to screen compulsion or otherwise.
4. I understand that all strategies, techniques, and ideas offered by the Company are based on one parent's individual experience with screen compulsion that may differ greatly from my own situation, and are offered for informational purposes only and not as

advice for how I should proceed in my individual circumstances. It is my responsibility to decide whether the strategies, techniques, and ideas offered by the Company would be appropriate in my specific situation for my child, and it will be my responsibility to disregard any strategy, technique or comment that is not in the best interests of me or my child.

5. I understand that in no way are the Services a substitute for professional counselling, therapy, psychological assessment or analysis, mental health care, or addiction treatment (each a "**Therapy**") and I understand it is my responsibility to seek out the appropriate Therapy for me or my child.
6. I understand that I am solely responsible for the wellbeing of my child, and that the Company has no responsibility regarding the wellbeing of my child, be it in relation to their usage of technologies, screen compulsion, mental health or otherwise.
7. I understand that the Company and its agents are not mental health practitioners, and that the Services are not offered, and should not be viewed as, a substitute for professional mental health care or medical care. The Company and its agents are not licensed to diagnose, treat or cure any mental health or health conditions. I understand that I am solely responsible for seeking out the appropriate services and service providers for me and my child's specific needs.

This Agreement constitutes the entire agreement of the Company and me with respect to the subject matter contained herein and supercedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is held to be invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. All reference to pronouns, masculine or feminine, singular or plural, shall be construed to include anyone who executes this Agreement. This Agreement is binding on and shall enure to the benefit of me and my heirs and next-of-kin, and the Company and its successors and assigns. This Agreement shall be governed by and construed in accordance with the laws of Ontario and the federal laws of Canada applicable therein. Any claim or cause of action arising under this Agreement may be brought only in the courts of Ontario, and I hereby consent to the exclusive jurisdiction of such courts.

[Signature Page Follows.]

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY WAIVING SUBSTANTIAL LEGAL RIGHTS (ON MY BEHALF AND ON BEHALF OF MY HEIRS, EXECUTORS, ADMINISTRATORS AND NEXT-OF-KIN), INCLUDING THE RIGHT TO SUE THE COMPANY AND THE RELEASEES.

Dated this ____ day of _____, 20____.

Witness Name:

Participant Name:
Address:

Witness Name:

Participant Name:
Address: