

**FRIENDZONE, INC. PROGRAM
ENROLLMENT AGREEMENT**

RELEASE OF LIABILITY/INDEMNIFICATION

I hereby release, discharge, covenant not to sue and agree to hold harmless Friendzone, Inc., its shareholders, directors, agents, officers, employees and assigns (collectively, the "Releasees") from all liability, claims, demands, losses, or damages caused or alleged in whole or in part by any act or omission of the Releasees in connection with the Friendzone, Inc. Program, and further agree that if, despite this release, I or my heirs, successors or assigns makes a claim against any of the Releasees named above, I, my heirs, successors or assigns will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorneys' fees, loss liability, damage or cost any may incur as the result of such claim.

I further agree to indemnify, defend, save and hold harmless the Releasees and assume the costs of the defense of Releasees for any claim of whatsoever nature including, without limitation, claims for breach of contract or personal injury, asserted as a result of my actions.

Signature

SERVICES

The goal of the Friendzone, Inc. Program is to assist participants in their social development and help them to improve their every day interaction with their peers, families and other relational groups. The service providers at the Friendzone, Inc. Program will instruct, advise, support and encourage the participant to interact in an appropriate social manner with the other participants.

The Friendzone, Inc. Program service providers are not medical professionals and will not diagnose or treat participants for mental, emotional or nervous behavioral disorders.

PAYMENT TERMS

Full payment, in the amount of \$_____, shall be made at the time of registration, concurrently with the signing of this Enrollment Agreement. All fees paid are non-refundable.

TERMINATION

Friendzone, Inc. reserves the right to suspend or terminate any Friendzone, Inc. Program participant without notice, should it be deemed necessary for the overall safety and well-being of the service providers or other Friendzone, Inc. participants.

TERM/HOURS OF OPERATION

The Friendzone, Inc. Program dates, days and hours are as follows:

Friendzone, Inc. Holidays will include the following days:

PARTICIPANT'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____ Age: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____