

THE COVERING, LLC

NO MEDICAL SERVICES ACKNOWLEDGMENT

I, _____, understand, acknowledge, and accept that I have been informed accept that The Covering, LLC (the "Company") does not represent or hold itself out to be a medical or psychiatric provider. By signing this form, I also understand that I am willingly participating in using the services provided by the Company, with the full knowledge that I am not engaging with a doctor, psychiatrist, or any other licensed medical professional. Further, I understand, acknowledge, and accept that the type of services contemplated for the Company to provide will be life coach consulting, personal consulting, and related non-licensed and non-medical services.

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____