2019 WOW PARTICIPATION AGREEMENT

***GREAT START***

*Intials 2019 WOW* uses a fasting mimicking diet for the first five days, which is a low-calorie diet. The diet is vegan and gluten free. However, do not participate if:

* You are allergic to nuts, soy, oats, sesame, or celery/celeriac
* You are pregnant or breastfeeding
* You have dietary restrictions or a fever, cough, diarrhea, or signs of an active infection
* If you are underweight per below, or have experienced protein deficiency or are malnourished:
* 4’11”-5’2” and under 100 pounds
* 5’3”-5’4” and under 105 pounds
* 5’5”-5’7” and under 115 pounds
* 5’8”-5’10” and under 125 pounds
* 5’11”-6’0” and under 135 pounds
* 6’1”-6’4” and under 150 pounds

**Important information for those with diagnosed medical conditions or age restrictions:**

*Intials*  If you have a diagnosed medical condition or are under 18 or over 70, do not participate in *2019 WOW* diet without your medical condition doctor’s supervision. Diagnosed medical conditions especially including diabetes (types 1 or 2), cardiovascular disease, cancer, kidney disease, liver disease, or any history of fainting (syncope).

**During *2019 WOW,* please avoid the following during the 7-days of the program**:

* Any strenuous exercising or activities that may consume a high level of calories.
* Extreme temperature environments like hot tubs and saunas or driving long distances under strong sun or heat exposure.
* Please stop the product should you experience any symptom of an allergic reaction such as a rash, change in voice, swelling or fever.
* If you feel light headed or faint, you should eat something or drink juice or consume a beverage with sugar. If your symptoms do not subside, please contact your physician or if you feel this is a life-threatening emergency, call 911.

Day 1: Primes your body to transition into a fasting state so it can begin cellular recycling.

Day 2: Your body is switching to fat burning. Cellular clean up (autophagy) begins.

Day 3: Cellular recycling and clean up continues and many people reach a degree of the fat burning metabolic state known as full ketosis.

Day 4: Autophagy continues, and stem cell-based regeneration is ramping up.

Day 5: Stem cell-based regeneration continues to enhance cellular renewal and the body.

Day 6/7: Stem cell-based rejuvenation continues for up to 5 days longer as you transition to your regular healthy meal plan.

**Side Effects of the Fasting Mimicking Diet**

*Intials*  Although everyone is different, most people experience a change in their bowel movements, and they become looser. Additionally, some people get flatulence. Mild headaches can occur, especially on days 2 and 3 for first time users. This is a low-calorie diet, so you may feel hungry more commonly on days 1 – 3.

***LUMINOUS***

In addition to the fasting mimicking diet described below, our Luminous level of participation includes Low Level Light and Laser Therapy (“LLLT”) using wavelengths between 600 nm and 1200 nm which is regarded as one of the most cost effective and safest of the healing arts. Light photons are absorbed by Cytochrome C Oxidase, a Mitochondria membrane enzyme, igniting adenosine triphosphate (ATP), to significantly improve cellular metabolism and improves hemoglobin transport of oxygen. By energizing the cells this way, your dysfunctional cells can operate more efficiently which results in the body's own natural healing power to produce results!

**Contraindications of LLLT**

*Intials*  There are no known side effects of phototherapy. It is recommended, however, that this form of treatment not be used under the following condition or situation:

* If you have a history of malignant carcinoma
* Near the neck region in hyperthyroidism
* Ongoing hemorrhaging/bleeding tendencies
* In an area that has been treated with a photosensitizing agent
* In a patient taking medication that may cause sun-sensitivity (including some antibiotics & St. John’s Wort)
* Over the growth plates in children
* Direct irradiation of the eyes
* Those with Epilepsy, HIV/AIDS, or Hepatitis C or D
* Near the abdomen during pregnancy
* Over the breasts during breast feeding
* Near the body’s core of someone with a pacemaker
* On someone with uncontrolled high blood pressure
* Near neoplasmic tissue

*Intials*  Additionally, those taking steroids, or who have had a steroid injection, may not receive the full benefit of LLLT because some steroids or corticosteroids may block light absorption.

***OPTIMAL***

Stem cells are not considered to be a cure for any condition. Treatment with stem cells is considered

investigative, although stem cells are present and active in every human being. In fact, we could not

survive without our stem cells! Each vial of stem cells is from a single donor (unlike IVIG transfusions,

which come from thousands of donors.) Each vial of stem cells is extensively tested for disease, but this

is not a guarantee that it is disease-free.

*Intials*  Adding a stem cell injection or infusion to your WOW week will take your program to a completely new level with millions of vibrant human stem cells and tissue cells. However, patients with the following conditions should not take stem cell therapy:

* Allergy or sensitivity to Sulphur or sulpha drugs, unless pre-treated.
* Allergy or sensitivity to DMSO (dimethyl sulfoxide)
* Since safety during pregnancy and lactation has not been established, we cannot treat at this time.
* Active skin infection at the planned injection site
* Bleeding problems or take strong anticoagulants

*Intials*  **What are the risks, potential complications and side effects?**

* Mild swelling or bruising or other reaction, such as pain, at the injection sites
* Infection at injection sites
* Mild headaches or tightness can occur after injection, usually resolving within a few days
* Nose and throat irritation, upper respiratory tract/sinus inflammation, flu-like symptoms, “detox”

symptoms

* Nausea
* Transfer of disease/infection

I acknowledge that I have read the entire agreement. I feel I understand its contents, and that I have

been informed of the risks, benefits, advantages, disadvantages, and possible complications of each program. All my questions and concerns have been answered; and, by signing below, I hereby give

consent to participation.

I acknowledge that results are not predictable, and I acknowledge that no guarantees or assurances have or can be made as to the results of participating. I further acknowledge that there have specifically been no guarantees as to the health or cosmetic results of the procedure.

I understand that it is my responsibility to know whether I am pregnant and to disclose any medical

conditions for which I am currently treated and/or any medications I am taking. By signing below, I confirm that I am not pregnant and that I have fully disclosed my medical history.

 Date: *Date*

 Patient’s Printed Name: *Patient Name*

 Patient’s Signature: *Signature*