

## CONSENT AND RELEASE FORM

**1. Purpose of Health4Life Assessment.** By participating in the Health4Life Assessment (the "Assessment"), you acknowledge that the primary purpose of the Assessment is to assist participants in achieving health goals and to promote products and services that may enhance health and wellness. Completion of the Assessment is voluntary and failure to participate will not jeopardize your employment status or your status as a customer or affiliate in any way, nor will the answers you give.

**2. Confidentiality and use of personal information.** By participating in this Assessment, you are granting permission pursuant to this Consent and Release Form (this "consent") to 4Life Research USA, LLC and its related entities ("4Life") to use the information you provide for product recommendations and other marketing purposes in the sole discretion of 4Life. You may revoke this authorization by providing written notice to 4Life at any time by emailing [privacy@4life.com](mailto:privacy@4life.com), or in the case of any email offer or advertisement, by following the embedded instructions to unsubscribe. Any personally identifiable health information obtained in conjunction with your Assessment will be subject to the 4Life [Privacy Policy](#) and will only be used in accordance with this consent and, to the extent it constitutes personal health information, in accordance with applicable laws pertaining to the use of personal health information. However, your information in aggregate form may be used for research, educational, or statistical purposes so long as the data does not personally identify you.

**3. Release of claims.** In consideration of your participation in this Assessment, you acknowledge that 4Life is not a licensed healthcare provider and cannot and does not give personal medical advice based on the types of general questions being asked and answered. You hereby agree to assume all risks of loss, injury, or death to yourself or others, including based on any allegation that any recommendations or advice given at the end of the Assessment are negligent or wrong. You also understand that your Assessment results are intended to be used for educational purposes only and are not designed to replace the care or advice of a medical provider. If you have a disease condition, fall into certain high health risk categories, and/or have any abnormal conditions, you should promptly consult with a physician and obtain his or her approval prior to engaging in any health improvement program or lifestyle change activity. Neither 4Life nor any of its officers, directors, employees, agents, or subsidiaries or their respective officers, directors, employees, or agents ("Released Parties") will be liable for any health consequences resulting from your participation in this Assessment nor for ensuring that you have consulted with your physician regarding any recommendations you may receive as a result of your participation. YOU HEREBY RELEASE ALL RELEASED PARTIES FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM YOUR PARTICIPATION IN THIS ASSESSMENT.

**4. Freedom of consent.** If you are under age 18, you agree not to participate in this Assessment without the written consent of your parent or legal guardian. This consent shall be binding upon your heirs, executors, and administrators. You agree that the

singapore.4Life.com Terms of Use are incorporated into this consent by this reference, and to abide by the same, and to the extent of any inconsistencies between the [Terms of Use](#) and this consent, the conflicting provision of this consent shall govern.

(Updated 15 March 2023)