

Please read carefully:

Release of Liability, Assumption of Risk and Waiver of Claims Agreement relating to Winding Path Inc. one-on-one planning and accountability calls (the “calls”)

To: Winding Path Inc. and its shareholders, officers, directors, independent contractors, subcontractors, employees, facilitators, agents, and its/their successors, assigns, personal representatives, executors, and heirs (hereinafter referred to as the “WPI facilitator”).

The calls are meant to help you identify the areas in your life and in your thinking that may be standing in your way of reaching your personal and professional goals. These calls are not mental health care or medical care. The WPI facilitator is not a mental or physical health professional. The calls are not a replacement for medical, psychological, psychiatric treatment or other treatment. The WPI facilitator will use skills and a process designed to support you to achieve meaningful personal insights and move towards achieving your goals. If you are experiencing mental health issues, neurological issues, addictions, eating disorders, or suicidal thoughts you should seek the assistance of appropriate health care professionals and not the services the WPI facilitator. If you feel psychologically stressed to the point that it is interfering with your ability to function, please seek the help from your doctor or a professional counsellor. The calls may augment therapy if your therapist agrees, but the calls are meant to be done when emotional and psychological wounds are already healing or healed.

In that spirit, by participating in the calls, you confirm that you have read and agree to each statement in this document, including but not limited to the list below, and that you wish to proceed.

- I understand that the calls are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat, or cure any mental health or medical conditions. I also understand the WPI facilitator is not acting as a mental health counsellor or a medical professional.
- I understand and agree that I am fully responsible for my well-being during the calls, and subsequently, including my choices and decisions.
- I understand the calls are not a substitute for counselling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use the calls in place of any form of therapy.
- I understand that all comments and ideas offered by the WPI facilitator are solely for the purpose of aiding me in achieving my defined goals and I will disregard any comment or idea offered by the WPI facilitator which is not in my best interest. I have the ability to give my informed consent, and hereby give such consent to the WPI facilitator to assist me in achieving such goals.
- I understand that to the extent the calls involve career or business, the WPI facilitator is not promising outcomes including, but not limited to, increased clientele, profitability and or business/career success.

- I understand that should I chose to do the MBTI assessment my Best Fit Type Report will be shared with my WPI Facilitator and is otherwise confidential.
- I understand that the WPI facilitator will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement is limited in this capacity and confidentiality will not be maintained in these circumstances or if the WPI facilitator is otherwise legally required to release information or is ordered by a court to provide information or to testify, in which circumstance they will do so to the extent the law requires.
- I understand that the use of technology is not always secure and I accept the risks to confidentiality in the use of email, text, phone, Skype, and other technology.
- I declare and represent that no promise, inducement or agreement not expressed in this agreement has been made which is leading me to sign this agreement.

Waiver: In consideration of being permitted to participate in the calls, I, for myself, my heirs, next of kin, personal representatives or assigns, do hereby covenant not to sue the WPI facilitator and release, waive, and discharge the WPI facilitator from all liability for injury, death, accidents, illness, loss of income, property damage or any other loss sustained by me as a result of my participation in the calls due to any cause whatsoever, including, without limiting the generality of the foregoing, breach of contract, negligence, or breach of any statutory or other duty of care by the WPI facilitator. I also agree to indemnify and hold harmless the WPI facilitator from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including legal costs and fees brought as a result of my involvement in the calls and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the law of PEI and Canada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

This agreement shall bind my heirs, executors, personal representatives, next of kin, assigns, and agents.

Signature of Call Participant

Printed Name of Participant

Date