



Confidentiality Agreement Wellness Services

This form is a confidentiality agreement. As a candidate of this Online Group offering/private session(s), the following information must be agreed and adhered to in order to participate in the Online Group offering/private session(s):

- You are participating in this group/private session(s) voluntarily.
- You may stop attending this group/ private session(s) at any time.
- Please provide ample notice to the group/session leader, if you choose to discontinue attendance.
- If you violate any of the terms of this agreement, as deemed by the group/session leader(s), Nusha LLC or its affiliates, it shall be grounds for expulsion from the Online Group/session(s).
- Sharing of information is also voluntary.
- The group format involves sharing information to help yourself and others in the group. Private session(s) also involves such to help you.
- You may choose to share as much or as little as you feel comfortable with during each session.
- Any information shared by you and others is confidential.
- Do not share this information outside of the group setting, except in an individual meeting with your group leader.
- As a participant, you agree to not disclose any information to those outside of the group that may reasonably be used to identify another member of the group.
- You agree to not record any voice conversations, videos, and/or create still images (e.g., take pictures) of any information shared in the Online Group/private session(s) by the use of any recording device, application, or otherwise.
- Any member discovered to have any such recordings will be asked to delete those recordings. Additionally, any member discovered to



- begin, or have in their possession, any such recordings will be removed from participating in the Online Group/private session(s).
- If in the future, group leader(s), Nusha LLC, and/or its affiliates, chooses to record group/private sessions, you shall:
 - Receive reasonable notice of Nusha's intent to record group/private sessions; and
 - Be given an opportunity to opt out of the Online Group/private session(s), so as to not be recorded.
 - If you choose to opt out of the Online Group/private session(s), you are not guaranteed placement in a comparable Online Group/private session(s).
 - The leader(s) of this Online Group/private session(s), as well as Nusha LLC and its affiliates, must adhere to professional and ethical guidelines related to confidentiality, as well as state and federal laws governing confidentiality and patient privacy. Nusha LLC and its affiliates reserve the right to make disclosures of any information gathered in the Online Group/private session(s) in a manner which is consistent and/or otherwise required by applicable state and federal laws.
 - You agree to hold harmless Nusha, Nusha LLC, and its affiliates, in any and all claims related to misuse and/or misappropriation of your personal and/or protected health information, shared during Online Group/private sessions, by another group member or persons who obtain your information through another group member.

Health Education Program Participation Agreement

I am voluntarily enrolling and participating in a class or activity hosted by Nusha, Nusha LLC and/or its affiliates, including but not limited to, aerobic exercises, balance and functional movement practice, yoga, qi gong, resistance strength conditioning, and/or tai chi. I am aware of the risks and hazards involved in participating in a class or activity where there is chance for injury. I understand that it is my responsibility to consult with my physician regarding, and prior to my participation in, any type of class



or activity with Nusha, Nusha LLC and/or its affiliates. I hereby affirm that I am in good physical condition and do not suffer from any disability or condition that would prevent or limit my participation in classes or activities. I also verify that I am joining these classes of my own volition.

In the event of any unusual pain, discomfort, injury, light headedness or dizziness during the class or activity, I will cease participation. I understand I am responsible for modifying exercises as necessary based on my physical condition and/or state of being.

I understand that Nusha, Nusha LLC and/or its affiliates' programs, in an effort to provide me with the latest program updates on exercise classes and activities, care, and research, will communicate with me by email or text. At any time, I may change my communication preferences and opt out of email or text communications by contacting Nusha at nusha@nusha.com.

Please confirm that you've read both the confidentiality & health education program participation agreements. By clicking Agree, this serves as your online signature. Please enter date, if possible.

Yes, I agree. E-signature: _____

No, I disagree. – Please do not proceed with registration or payment.

Date: _____