FACILITATION COMPANY RELEASE AND WAIVER OF LIABILITY

This Facilitation Company Release and Waiver of Liability ("**FCRWL**") is made by the individual specified on the Signature Page of this FCRWL (referred to as "**Client**," "**I**," or "**me**") in favor of: (i) Bold Journey Works, Inc., an Oregon corporation ("**Facilitation Company**"); and (ii) each individual psilocybin service facilitator employed or engaged by Facilitation Company (each, a "**Facilitator**"). This FCRWL is dated effective as of the date that Client signs the Signature Page of this FCRWL. I acknowledge and understand that Facilitation Company is requiring me to sign and deliver this FCRWL as a condition to Facilitation Company providing psilocybin services ("**Psilocybin Services**") to me during one or more preparation sessions ("**Preparation Sessions**"), administration sessions ("**Administration Sessions**"), or integration sessions ("**Integration Sessions**"), in each case held in accordance with ORS Chapter 475A and OAR Chapter 333 Division 333 (collectively, the "**Oregon Psilocybin Laws**").

1. **Risks**. I am aware of the following facts, circumstances, and risks:

(a) <u>Potentially Dangerous Activity</u>. I am aware that my participation in any Preparation Session, Administration Session, or Integration Session ("Session") is a potentially dangerous activity that involves numerous risks, including but not limited to: (i) temporary or permanent psychological alteration; (ii) temporary or permanent physical or psychological injury, pain, or suffering; (iii) temporary or permanent disability; and (iv) death (collectively, the "Risks"). I also am aware that the Risks may not be apparent during or immediately after any particular Session, and that the Risks may manifest over time.	_____ [Initials]
(b) <u>Administration Sessions; Risks Exist Despite Precautions</u>. If I participate in any Administration Session, I am aware that: (i) I will be consuming one or more psilocybin products during the Administration Session; (ii) the consumption of psilocybin products is a potentially dangerous activity that involves the Risks; (iii) the Risks will exist despite the fact that the psilocybin product(s) I consume comply with all Oregon Psilocybin Laws; (iv) the Risks will exist despite the fact that: (A) I will have completed one or more Preparation Sessions with my Facilitator(s); (B) I will have completed a client information form, as required by the Oregon Psilocybin Laws; (C) my Facilitator(s) and I will have created a safety and support plan for me, as required by the Oregon Psilocybin Laws; (D) my Facilitator(s) and I will have created a transportation plan for me, as required by the Oregon Psilocybin Laws; (E) various other precautions will have been taken by my Facilitator(s) and the service center operator that owns and operates the service center at which the Administration Session will be held; (F) my Facilitator(s) will have determined that I am able to participate in the Administration Session; and (G) one or more medical, clinical, or other healthcare providers may have determined that I am able to participate in the Administration Session; and (v) if I am pregnant or feeding with breast milk, the Risks also will exist for my unborn or living child.	_____ [Initials]

(c) <u>Outdoor Sessions; Risk Exist Despite Precautions</u>. If I participate in any Session in which any part of the Session occurs outdoors, I am aware that: (i) there are inherent hazards associated with being outdoors, including but not limited to: (A) the weather, including hot or cold temperatures, the sun, wind, rain, snow, lightning, and thunder; (B) the terrain, including objects or conditions that may cause me to slip, trip, fall, or be hit by something; (C) encounters with animals or plants, including animals and plants that are poisonous or that otherwise may cause allergic reactions; and (D) other Acts of Nature; (ii) I may see, hear, or smell things that may distract or upset me; (iii) I may see, hear, or otherwise encounter individuals who are not participating in the Session, and that such encounters may distract or upset me; (iv) I must dress appropriately for the Session and bring with me any necessary water, food, and other supplies; and (v) the Risks will exist despite the fact that various precautions may have been taken by my Facilitator(s) or, in the case of an Administration Session, by the service center operator that owns and operates the service center at which the Administration Session will be held.	_____ [Initials]
(d) <u>Risks Exist Despite Compliance With Laws</u>. If I participate in any Session, I am aware that the Risks will exist even if: (i) my Facilitator(s) previously complied with all Oregon Psilocybin Laws; (ii) my Facilitator(s) comply with all Oregon Psilocybin Laws during the Session; and (iii) the service center operator that owns and operates the service center at which the Session will be held complies with all Oregon Psilocybin Laws during the Session.	_____ [Initials]
(e) <u>Risks May Be Compounded by Acts, Omissions, or Negligence</u>. If I participate in any Session, I am aware that the Risks may result from, or be compounded by, the acts, omissions, or negligence of: (i) Facilitation Company, my Facilitator(s), or any other employees, independent contractors, or other agents or representatives of Facilitation Company; (ii) any other individuals who are present during the Session; (iii) emergency responders, including but not limited to emergency medical service providers and law enforcement officers; or (iv) any one or more other third parties.	_____ [Initials]

2. Voluntary Assumption of Risk. Notwithstanding the Risks, I acknowledge that: (a) I am voluntarily participating in each Session; and (b) I am assuming all of the Risks that may result from each Session, including but not limited to any and all Risks that may result from, or be compounded by, the acts, omissions, or negligence of Facilitation Company, my Facilitator(s), or any other employees, independent contractors, or other agents or representatives of Facilitation Company.

I have read and understood <u>Section 2</u>. _____
[Initials]

3. **Limited Scope of Services**. **I understand and acknowledge that the Psilocybin Services will be limited to only those services that are expressly authorized by the Oregon Psilocybin Laws. Specifically, I understand and acknowledge that the Psilocybin Services *will not include*: (a) the practice of medicine, psychology, naturopathy, occupational therapy, or any other licensed profession (other than the provision of psilocybin services); or (b) any diagnosis or treatment of any physical or mental health condition that I may have.**

I have read and understood Section 3. _____
[Initials]

4. **Waiver and Release of Liability**. **To the fullest extent not prohibited by applicable law, I expressly waive and release Facilitation Company, each Facilitator, and each shareholder, director, officer, member, manager, employee, independent contractor, and other agent or representative of Facilitation Company (collectively, the "Released Parties") from any and all claims, actions, proceedings, damages, liabilities, and expenses of every kind, whether known or unknown, resulting from or arising out of: (a) the Psilocybin Services; (b) any act or omission of Facilitation Company or any other Released Party; (c) the ordinary negligence of Facilitation Company or any other Released Party, including but not limited to any Facilitator who determined that I was able to participate in an Administration Session; (d) any psilocybin products that are consumed by me during any Administration Session; or (e) any act, omission, or negligence of: (1) any service center operator that owns and operates any service center at which any Session is held; (2) any other individual who is present during any Session; (3) any emergency responder, including but not limited to any emergency medical service provider or law enforcement officer; or (4) any third party (collectively, the "Released Claims"). I covenant that I will not sue or otherwise initiate or pursue any claim, action, or proceeding of any kind against Facilitation Company or any other Released Party with respect to, or in connection with, any Released Claim.**

I have read and understood Section 4. _____
[Initials]

5. **Facilitation Company Not Selling Any Psilocybin Products**. If I participate in any Administration Session, I acknowledge and understand: (a) that Facilitation Company, on the one hand, and the service center operator that owns and operates the service center at which the Administration Session is held, on the other hand, are separate and distinct legal persons; (b) that Facilitation Company will not sell any psilocybin products to me; and (c) that the service center operator that owns and operates the service center at which the Administration Session is held will be solely responsible for selling me the psilocybin product(s) that I consume during the Administration Session.

6. **Severability**. If any provision of this FCRWL is determined to be unenforceable in any respect: (a) the enforceability of such provision in any other respect will not be impaired; and (b) the enforceability of the remaining provisions of this FCRWL will not be impaired. Similarly, if any portion of any provision of this FCRWL is determined to be unenforceable in any respect: (1) the enforceability of such portion of such provision in any other respect will not be impaired; (2) the enforceability of the other portions of such provision will not be impaired; and (3) the enforceability of the remaining provisions of this FCRWL will not be impaired.

7. **General**. This FCRWL will be binding on me and my heirs, personal representatives, successors, and permitted assigns, and will inure to their benefit. This FCRWL may be amended only by a written document signed by Facilitation Company and me. An electronic transmission of the signature page of this FCRWL will be considered an original signature page. At the request of

Facilitation Company, I will confirm an electronically transmitted signature page by delivering an original signature page to Facilitation Company.

8. **Governing Law**. This FCRWL is governed by the laws of the State of Oregon, without giving effect to any conflict-of-law principle that would result in the laws of any other jurisdiction governing this FCRWL.

9. **Arbitration**. Except as otherwise provided in this Section 9, any dispute, controversy, or claim arising out of the subject matter of this FCRWL will be settled by arbitration before a single arbitrator in Bend, Oregon. If the parties agree on an arbitrator, the arbitration will be held before the arbitrator selected by the parties. If the parties do not agree on an arbitrator, each party will designate an arbitrator and the arbitration will be held before a third arbitrator selected by the designated arbitrators. Each arbitrator will be an attorney knowledgeable in the area of business law. The arbitration will be conducted in accordance with the procedures set forth in ORS 36.600 through ORS 36.740. The resolution of any dispute, controversy, or claim as determined by the arbitrator will be binding on the parties. Judgment on the award of the arbitrator may be entered by any party in any court having jurisdiction. A party may seek from a court an order to compel arbitration, or any other interim relief or provisional remedies pending an arbitrator's resolution of any dispute, controversy, or claim. Any such action, suit, or proceeding will be litigated in courts located in Deschutes County, Oregon. For the purposes set forth in this Section 9, each party consents and submits to the jurisdiction of any local, state, or federal court located in Deschutes County, Oregon.

10. **Attorney's Fees**. If any arbitration or litigation is instituted to interpret, enforce, or rescind this FCRWL, the prevailing party on a claim will be entitled to recover with respect to the claim, in addition to any other relief awarded, the prevailing party's reasonable attorney's fees and other fees, costs, and expenses of every kind, including but not limited to the costs and disbursements specified in ORCP 68 A(2), incurred in connection with the arbitration, the litigation, any appeal or petition for review, the collection of any award, or the enforcement of any order, as determined by the arbitrator or court.

[signature page to follow]

SIGNATURE PAGE TO FACILITATION COMPANY

RELEASE AND WAIVER OF LIABILITY

Client:

Signature: _____

Printed Name: _____

Date: _____