



THRIVE THROUGH CANCER FORMULA PARTICIPATION AGREEMENT

By checking the box where indicated, you irrevocably agree that if Season Johnson [aka. Moment Chaser, LLC.] operating as Thrive Through Cancer Formula approves your application and accepts you as a Thrive Through Cancer Formula™ membership participant, this agreement automatically becomes a binding contract you and the Company, and applies to your participation. By signing below, you are acknowledging that you have read, agree to and accept all of the terms and conditions contained in this Agreement. We reserve the right to amend this Agreement at any time by sending you a revised version at the address you provided.

The investment to take part in the membership is the following:

OPTION #1: Basic membership: 1 non-refundable payment of \$997 for 12 months of access. The 12 month access starts the date of payment.

OPTION #2: Enhanced membership: 1 non-refundable payment of \$3,900 for 12 monthly of access. The 12 month access starts the date of payment.

OPTION #3: Enhanced membership: Month to month payments of \$409. This gives you access to the membership each month you pay \$409. If you choose to cancel your subscription, the Support Team must be notified via email at support@yourthriveformula.com 14 days prior to your subscription automatically renewing.

By completing the agreement and signing below, you authorize the Company to charge your credit card, as indicated, as payment for your membership with Thrive Through Cancer Formula

and its entirety. Furthermore, you agree that you are responsible for full payment of fees for the entire course of your membership, regardless of whether you actually attend or complete the Program, and regardless of whether you have selected a lump sum or monthly payment plan. To further clarify, NO REFUNDS will be issued and all monthly payments must be paid on a timely basis.

*(** For option 3, the month to month membership, if you choose to cancel your subscription, the Season Johnson Support Team must be notified via email at support@yourthriveformula.com 14 days prior to your subscription automatically renewing.)*

The terms of the Program include: We are committed to providing all Program participants with a positive Program experience. By signing below, you agree that the Company may, at its sole discretion, terminate this agreement, and limit, suspend or terminate your participation in the Program without refund or forgiveness of remaining monthly payments if you become disruptive or difficult to work with or if you impair the participation of the Program instructor or participants in the Program. As a Participant of this Program, and by signing below, you acknowledge that you have access to the following:

(1) License to the Thrive Through Cancer Formula Online Portal with all the step-by-step training videos to successfully help your child improve their ANC, mitigate side effects and reduce hospital stays.

(2) Inclusion in the Thrive Through Cancer Formula's private and exclusive community platform for support and access to live streams, replays, and on-demand coaching. (basic & enhanced memberships)

(3) Access to our weekly group coaching call via Zoom. (basic & enhanced memberships)

(4) Access to our weekly Office Hours call with Dr. Charles Penick, MD and Season Johnson, FNTP. (enhanced memberships)

(5) Access to our weekly Office Hours call with Season Johnson, FNTP. (enhanced memberships)

(6) Access to exclusive invitations to in-person Thrive Through & Beyond Cancer Formula Meetups. (basic & enhanced memberships)

Additional Terms:We respect your privacy and must insist that you respect the privacy of other Program participants. By signing below, you agree not to violate the publicity or privacy rights of any Program participant. We respect your confidential and proprietary information, ideas, plans and trade secrets (collectively “Confidential Information”) and must insist that you respect the same rights of fellow Program participants and of the Company.

By signing below, you agree (1) to not infringe upon any Program participants or the Company’s copyright, patent, trademark, trade secret, or any other intellectual property rights, (2) that in any Confidential Information shared by Program participants or any representative of the Company is confidential and Proprietary, and belongs solely and exclusively to the Participant who discloses it or the Company, (3) you agree not to disclose such information to any other person or use it any manner other than in discussion with other Program participants during program sessions.

By signing below, you further agree that (4) all materials and information provided to you by the Company are its confidential and proprietary intellectual property belonging solely and exclusively to the Company, and may only be used by you as authorized by the Company, and (5) the reproduction, distribution and sale of these materials by anyone but the Company is strictly prohibited. Further, by signing below, you agree that, if you violate, or display any likelihood of violating any of your agreements contained in this paragraph the Company and/or the other Program participants will be entitled to injunctive relief to prohibit any such violations to protect against the harm of such violations. The laws applicable to this agreement will be the laws of Wyoming, and the parties agree to “attorn” to the exclusive jurisdiction of Wyoming Courts to finally adjudicate and determine any such dispute both before and after termination of this Agreement.

We have made every effort to accurately represent the program and its potential. Each individual’s success depends on many factors, including his or her willingness to do the work, get the necessary support, and desire to succeed. You assume 100% responsibility for your results.