

INTAKE QUESTIONNAIRE

Personal

Full Name

Jarret Eaton

Date of Birth

07/25/2023

Age

0

Gender

Male

Height

5-11

Weight

190

Type of Profession

Athletics

Contact

Email Address

jae.eaton1@gmail.com

Phone Number

(215)-620-8818

Address

3012 N 32nd st

In case of Emergency Please Contact

Jarret - (215)-620-8818

Medical

Do you have a history of any of the following medical conditions?

- | | |
|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Recent Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cardio Vascular Disease | <input type="checkbox"/> Cancer |

Any history of medical conditions not listed above?

Are you currently taking any medications? If so, please list.

Have you had any previous surgeries or injuries? If so, please list.

INTAKE

QUESTIONNAIRE PG.2

Medical

Please rate your pain in each area on a scale of 0 (no pain) to 10(worst pain possible):

Neck

0

Hips

0

Shoulder

0

Knees

0

Elbow/Wrist

0

Ankles/Feet

0

Upper Back

0

Thigh

0

Lower Back

0

Chest

0

Goals

Please rate your current goals from 1 (most important) to 6 (least important):

Fat Loss

Injury/Recovery

Athletic Performance

Strength & Conditioning

Pain Relief

Improve Range of Motion

General Health

Nutrition

Sport

Position

Track & Field

Competitive Level

Elite Athlete

Participants Name

jarret

Participants Signature

jarret

Date

07/25/2023

WAIVER OF LIABILITY FOR FACILITY AND USE

"I hereby understand and acknowledge that this waiver includes any training, programs, dietary recommendations, supplement recommendations, any and all recommendations, any and all advice, any and all referrals, as well as any events or participation in any activity outside of the Neuro Force One (NF1), a Delaware C-corporation, facility. Such activities may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and NF1 furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE NF1, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in NF1 training, programs, assessments, dietary recommendations, supplementation recommendations, any and all recommendations, any and all advice, any and all referrals, and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms."

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authority to act on behalf of the minor named herein.

Parent/Guardian Signature

Date

08/09/2023

IMAGE RELEASE FORM

I am at least eighteen years old and competent to understand, consent to and authorize the following. I hereby irrevocably consent to and authorize:

(1) the use by NEURO FORCE ONE INC., a Delaware C-Corp ("NF1") of any and all photographs, video, voice recordings, or other media taken of me by NF1 or its employees, contractors, or agents, including derivative works thereof (collectively, the "**Images**");

(2) any reproduction of the Images in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity; and

(3) the use of my name or likeness in connection with the exhibition, distribution, merchandising, advertising, and/or publicizing of Images by NF1.

I hereby release and discharge NF1, its managers, members, officers, employees, licensees, representatives, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use or reproduction of the Images.

I understand and agree that NF1 will be the exclusive owner of all rights (including copyrights) in and to the Images in perpetuity and in any medium now known or hereafter developed. I understand and agree that NF1 may license third parties to use the Images in any manner NF1 may determine in its sole discretion, without any obligation to me. I hereby waive any right that I may have to inspect and/or approve the use of the Images or any reproductions thereof, by NF1.

Signature

Print Name

Date

Address

08/09/2023

City

State

AZ

Cancellation/Late Policy for Training:

NF1 maintains a **12 hour cancellation/rescheduling policy**. If a session is not canceled or rescheduled within 12 hours it will be documented as a “no-show” and it will result in a loss of a session and be charged at 100% of the session cost.

Each client will be granted 1 **Emergency No Show/Cancellation (ENSC) per quarter**. ENSC’s are cancellations made with less than 12 hours notice or a no show due to an emergency. ENSC’s will not be documented as a “no-show” and the client will not be charged for the session.

Any client that exceeds **3 No-Shows** per quarter will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

If a client shows up, up to 15 minutes after the start of their scheduled training session time they will be considered a **“late-show”**. If a client exceeds 10 late-shows per quarter they will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

All NF1 training sessions include a **20 minute “grace period”**. The grace period indicates a 20 minute window from the start of the scheduled session time in which the client can still retain the session if they show up late. If a client shows up after the 20 minute grace period it will result in loss of a training session and the client will be charged 100% of the training

session cost.

Zip Code

Signature

dfgdfsgfd

Name (Print)

Jarret Eaton

Date

07/25/2023

Performance Questionnaire

Primary Performance Goals

Game Plan (In Competition)

Past Training History

Past Injuries/Surgeries

Nutrition/Supplementation History

Sleep History

Contracting - Basic Information

First Name: system

Last Name: agent

Middle Name: lorem ipsum

SSN: 23145

Gender: Male

Date Of Birth: 09/15/2021

Cell Phone: 111111111

Home Phone: 3245

Fax: 31245

Email: agent@agent.com

Married Status: Married

Driver License#: 324567

Driver License State: Idaho

Current Address(Resident):

Lorem ipsum

City: lorem ipsum

State: Florida

Zip Code: 23145

Move-In Date: 10/02/2023

**Mailing Address (If Different
From Residence):** lorem ipsum

Move-In City: Lorem ipsum

Move-In State: Georgia

Move-In Zip: 13245

Resident Insurance License #:
123457232

**Resident Insurance License
State:** Hawaii

Doing Business As: requires
license

Business Name: lorem ipsum

Tax ID: 312456

Principle Agent Name: lorem
ipsum

Principle Agent Title: lorem
ipsum

Business Insurance Licence #:
132456

Cell Fax: 12345

Office Phone: 2345

Email: test@test.com

Website: http://allcalls.io.test/

Business Address: lorem ipsum

City: lorem ipsum

State: Idaho

Zip Code: 12345

Move-In Date: 10/03/2023

Company Type: corporation

Contracting - Legal Question Explanation

For contracting and appointment requests, please answer the following questions. If you answer YES to any question, you must provide documentation including a full, detailed explanation and specific dates. Please answer every question including sub questions for clarity.

1. Have you ever been charged or convicted of, or pled guilty or no contest to, any felony, misdemeanor, federal/state insurance and/or securities or investments regulations or statutes?

YES NO

1A. Have you ever been convicted of, or pled guilty or no contest to, any felony?

YES NO

Explanation:

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1B. Have you ever been convicted of, or pled guilty or no contest to, any misdemeanor?

YES NO

1C. Have you ever been convicted of, or pled guilty or no contest to, a violation of federal or state securities or investment-related regulations?

YES NO

Explanation:

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1D. Have you ever been convicted of, or pled guilty or no contest to, a violation of state insurance department regulation or statute?

YES NO

1E. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to income investments or fraud?

YES NO

Explanation:

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1F. Have you ever been charged with a felony?

YES NO

1G. Have you ever been charged with a misdemeanor?

YES NO

Explanation:

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1H. Have you ever been on probation?

YES NO

2. Have you ever been, or are you currently being investigated, have any pending indictments, lawsuits, or have you ever been in a lawsuit with an insurance company?

YES NO

Explanation:

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2A. Are you currently under investigation by any legal or regulatory agency?

YES NO

2B. Have you been under investigation by any insurance company?

YES NO

Explanation:

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2C. Have you ever been, or are you currently involved in any pending indictments, lawsuits, civil judgements or other legal proceedings (civil or criminal) (you may omit family court)?

YES NO

2D. Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?

YES NO

Explanation:

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3. Have you ever been alleged to have engaged in any fraud?

YES NO

4. Have you ever been found to have engaged in any fraud?

YES NO

Explanation:

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5. Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?

YES NO

5A. Were you fired because you were accused of violating insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

YES NO

Explanation:

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5B. Were you fired because you were accused of fraud or the wrongful taking of property?

YES NO

5C. Failure to supervise in connection with insurance or investment-related statutes, regulations, rules, or industry standards of conduct?

YES NO

Explanation:

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6. Have you ever had an appointment with any insurance company denied or terminated for cause? (If you have been reported to Vector One, answer YES)

YES NO

7. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? (If you have been reported to Vector One, answer YES)

YES NO

Explanation:

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8. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?

YES NO

8A. Has a bonding or surety company ever denied, paid on, or revoked a bond for you? **8B.** Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

YES NO

Explanation:

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8B. Has any Errors & Omissions company ever denied, paid claims on, or cancelled your coverage?

YES NO

9. Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?

YES NO

Explanation:

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10. Has any state or federal regulatory body found you to have been a cause of an investment or insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?

YES NO

11. Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?

YES NO

Explanation:

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12. Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?

YES NO

13. Have you ever had any interruptions in licensing?

YES NO

Explanation:

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14. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized, or otherwise disciplined you for a violation of their regulations or state or federal statutes?

YES NO

14A. Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?

YES NO

Explanation:

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14B. Has any state, federal, or self-regulatory agency filed a complaint against you, fined, or sanctioned you?

YES NO

14C. Have you ever been the subject of a consumer-initiated complaint?

YES NO

Explanation:

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15. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

YES NO

15A. Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, or declared bankruptcy? 15A. Have you personally filed a bankruptcy petition or declared bankruptcy?

YES NO

Explanation:

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15B. Has any insurance or securities brokerage firm, with whom you have been associated, filed a bankruptcy petition, or been declared bankrupt, either during your association with them or within 5 years after termination of such an association?

YES NO

15C. Is the bankruptcy pending?

YES NO

Explanation:

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16. Are there any unsatisfied judgements or liens against you?

YES NO

17. Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?

YES NO

Explanation:

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18. Have you ever used any other names or aliases?

YES NO

19. Do you have any unresolved matters pending with the Internal Revenue Service, or other taxing authority?

YES NO

Explanation:

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Contracting - Address History For The Past 7 Years

Address 1:

Home Address: lorem ipsum

City: lorem ipsum

State: Florida

Zip Code: 23145

Move-In Date: 10/02/2023

Move-Out Date:

Contracting - Additional Information

Resident Country: USA

Do you own your home?

YESNO

City Of Birth: sqdf

State Of Birth: Delaware

Maiden Name:

Contracting - Accompanying Documents

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier-specific questions.

By signing below, I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notice from me for its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.

Date: 10/06/2023

Contracting - Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I system agent, hereby authorize AllCalls.io, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.



Name: system agent

Date: 10/06/2023