

## THE PRIVATE MEMBERSHIP AGREEMENT AND WHY I REQUIRE IT

Reply “no thank you” or “accept” to this email or print, sign and return to me within 10 days to confirm your decision to become a member and begin your membership status. Upon receipt of payment your initial protocol/products will be sent to the address provided and your \$15 membership fee will be credited from that amount Pay by credit card/check or Paypal link.

The reason for this Agreement is that recently some state medical licensing boards, or other parties, have tried to stop the public from receiving natural health care, especially nutrition. This is perhaps due to forces that are threatened by those who may heal the body without using toxic drugs and surgery. Instead of learning these methods, they prefer to stop it. To facilitate what we do and benefit you in the process, one method is to change your status from a member of the public to a member of a private membership organization which is protected under the First, Ninth and Fourteenth Amendments to the United States Constitution. These Amendments guarantee you the right to associate, the right to assemble peacefully, and the right to contract freely with fellow members of private organizations without violating laws that are designed “for the public” that are being misused to stop nutrition or alternative therapies consulting. This helps to protect us all with the right to choice in health care and provides the freedom from unwarranted interference from state and other authorities. These rights have been upheld in courts of law, all the way to the Supreme Court of the United States.

This Agreement confirms your request to participate, and by reply and your payment of your initial consult/product protocol fees, which include your one time \$15.00 lifetime membership fee, is your two-step confirmation that you have agreed to become a member of the **PROFUNATO'S BOARDER OILS BODY REBOOT STUDIO, also dba PROFUNATO, LLC (A Private Membership Association)** and declare your willingness and consent and permission to receive magnet therapies, fascia stretch therapies, equipment and various prepared nutritional food blends for your health and nutritional support, for purposes of improving overall reduction of stress, to improve energy, to remove causes of nutrition related disease and to improve overall sleep quality. At all times in this process and in the future, you have agreed to keep confidential all supplemental nutritional alternatives and protocols received (“Proprietary Modalities”). Private member records kept by our association are strictly protected and, in most cases, may only be released upon your written request. This Agreement confirms your acceptance and agreement to the below DECLARATION and MEMORANDUM as the I/We enrolling private association member Party seeking membership.

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### PRIVATE MEMBERSHIP DECLARATION

1. This association of members hereby declares that our primary purpose is to protect and maintain our right to freedom of choice regarding alternative therapies, alternative modalities of treatment, health care decisions and the health improvement practices that we choose to receive by asserting our constitutional, contractual, and civil rights under the Federal and State Constitutions, Federal and State law and the statutes and regulations interpreting them and are a Private Membership Association under the common law, exempt from the provisions of any state Medical Practices Act, Federal Food Safety Modernization Acts, Codex Alimentarius or any similar federal or state legislation.
2. We declare and assert the right to select from our membership those who can be expected to give the wisest counsel and advice regarding alternative therapies, alternative modalities of treatment, health care decisions and the health improvement practices and to authorize those members who are most skilled to facilitate the actual performance and delivery of health assistance and improvement methods that they and we deem appropriate..We reserve the right to include traditional, non-traditional or even unconventional health care options, plus other healing modalities or techniques used by health care professionals anywhere in the world that our member-facilitators choose to deliver with our approval.

### MEMORANDUM OF UNDERSTANDING

We understand that those members of the Association that provide services or advice do so in the capacity of fellow member-facilitators in a private manner and not in the capacity as public health-care facilitators. All membership activity is solely for use in research, teaching, or analysis, and we do not introduce Member Association products and devices into commercial distribution. I understand that within the Association no Public-Doctor-Patient or Public-Therapy-Client relationship exists. Within the Association I freely choose to change my legal status from that of a Public care recipient, to that of a Private Membership Association care recipient. I understand and accept that, since the Association is protected by the First, Ninth and Fourteenth Amendments to the United States Constitution, it is exempt from any action of Federal and State agencies entrusted to “protect the public” therefore it is my personal responsibility to evaluate the services offered and to educate myself as to efficacy, risks, or desirability. For example, if I choose to forego drugs, surgery or symptom treatments that have been recommended by others, in the public sector, I accept that risk. I assert my right of informed consent. I agree that the actions I take, in this regard, are my own free-will decisions, for my own benefit and agree to hold harmless the Association and member-facilitators from any unintentional liability that might result from the advice or services I receive, except for the harm that could remotely result from an instance of “a clear and present danger of substantive evil” as determined by the Association and as defined by the United States Supreme Court. All complaints or grievances will be settled by non-judicial mediation, within the Association. I acknowledge, accept and agree not to disclose all or any portion of this Agreement, Proprietary Modalities of therapy provided hereunder, or any associated protocols revealed and/or used with me, as they are highly privileged and confidential in nature for use exclusively through the Association and are not to be shared or used in any way with public non-members, including but not limited to family who are not enrolled as Members. I accept that membership does not entitle me to any voting interest in the Association. I acknowledge I am not liable for any debts, liabilities, suits or judgments against the Association. . I also agree to pay, as levied, for those benefits that I request and receive that are declared by the Trustees to be “general or special assessments”, as per a written/posted Fee Schedule.

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Signature (or signed electronically by email reply)