



LifeWaves® Cycles Exercise® Program **Internet Plus Membership Enrollment**

Greetings Future Waver,

Thank you for your interest in the *LifeWaves® Cycles Exercise®* Program. We're excited to get you on-track for making Waves and creating health. At *LifeWaves®*, we understand that each person is unique in their needs, capabilities, and goals. That's why we have designed a number of different service levels. The second service level, **Internet Plus Membership**, is designed for people who are comfortable making Waves (participating in the *LifeWaves® Cycles Exercise®* Program) independently, yet would like monthly conversations with a Trainer. With each increase in Membership Level comes an increase in the guidance you will receive from our Certified *LifeWaves®* Trainers. Please browse each Membership Level and decide which one best meets your needs and desires. From there you can discuss your selection with a Certified *LifeWaves®* Trainer, and begin setting up your *LifeWaves®* Program. Once you have decided which Membership Level is right for you, please print and complete pages 5-9 of this document, and mail, scan and email, or fax it to *LifeWaves®*.

Mail: 7 Perry Road
Annandale, NJ 08801

Scan and email:
cycles@lifewaves.com

Fax: (908) 933-0858

Internet Plus Membership

\$250 per month

Compared to the previous service level, the Internet Plus Membership includes consultations with a Certified *LifeWaves*® Trainer each month instead of every-other month, resulting in a more closely guided Program and a faster learning curve.

Your *LifeWaves*® Internet Plus Membership includes:

1. *LifeWaves*® Baseline *Cycles Exercise*® Session instructions delivered by Email.
2. Weekly *LifeWaves*® *Cycles Exercise*® Sessions by Email.
3. Two weeks of free technical support for all *LifeWaves*® *Cycles Exercise*® Program issues.

**** Plus ****

4. Monthly phone consultations with a Certified *LifeWaves*® Trainer.
5. Monthly *H.E.A.R.T.*sm (**H**ear**W**ave **E**xertion **A**nd **R**ecovery **T**estingsm.) a variability assessment, and personalized feedback.

This is the perfect level for anyone who:

- Would like support installing and using new programs on their computer related to the the *LifeWaves*® *Cycles Exercise*® Program.
- Desires the help of a Certified *LifeWaves*® Trainer but can still do the *LifeWaves*® *Cycles Exercise*® Sessions without direct Trainer guidance.
- Prefers more regular feedback on progress and performance corrections.
- Has room to improve their quality of life, energy and daily performance abilities.

OR

- Has achieved their immediate goals with the *LifeWaves*® *Cycles Exercise*® Program and wants to maintain their newly created HeartWave variability and no longer needs the additional support provided by the Guided Membership.

Beginning Your Internet Plus Membership

- In order to begin your Internet Plus Membership you will need to purchase a Polar RS800CX heart rate monitor. If you choose to purchase it from us, the cost is \$350.00 and we will set it up for you so that it is ready to go when you get it. Upon joining you will receive the *LifeWaves*® Startup Package. Our package

includes need-to-know information about our Program, and instructions for your Baseline *Cycles Exercise*[®] Session. This Baseline *Cycles Exercise*[®] Session will provide your Certified *LifeWaves*[®] Trainer with the information needed to get your Program started safely and effectively. You can complete your *LifeWaves*[®] Baseline *Cycles Exercise*[®] Session anywhere that you can exercise comfortably, safely and have a place to sit and recover. Many *LifeWaves*[®] clients recover by sitting down on the piece of exercise equipment they are using to do their *Cycles Exercise*[®].

- After completing the *LifeWaves*[®] Baseline *Cycles Exercise*[®] Session and having uploaded your HeartWave data to *LifeWaves*[®] for analysis, you will be put into a specific Target HeartWave Group according to your particular HeartWave parameters. Once your HeartWave Group has been established, you will begin receiving specialized *LifeWaves*[®] *Cycles Exercise*[®] instructions from a Certified *LifeWaves*[®] Trainer via email. Your Target HeartWave range will most likely change as you progress with your *LifeWaves*[®] *Cycles Exercise*[®] Program. We will adjust your Target HeartWave Group to reflect your growing capabilities.
- Personalized Session instructions are written specifically for your target HeartWave Group and emailed each *LifeWaves*[®] *Cycles Exercise*[®] Session week, totaling three times per month: one for Early Morning, one for Late Morning and one for Late Afternoon Sessions. We include recommended days and times to perform each Session. The timing of your Sessions is important to help shape healthy ultradian (1 ½ hour) and circadian (24 hour) rhythms, as well as monthly and yearly patterns. If scheduling conflicts occur your certified *LifeWaves*[®] Trainer will help adjust your Program schedule to make it as flexible as possible based on your particular needs and goals.
- This Membership Level comes with one feedback consultation every month, over the phone, with a Certified *LifeWaves*[®] Trainer. During each consultation, we will review your progress, share the results of our proprietary *H.E.A.R.T.*sm (*HeartWave Exertion And Recovery Testing*sm) of your HeartWave data, discuss options for reaching your goals, and establish new goals for the upcoming *LifeWaves*[®] *Cycles Exercise*[®] month. It is your responsibility to schedule your consultations with a *LifeWaves*[®] Trainer, and requests must be received at least 48 hours in advance of when you would like to have the appointment. Appointments are scheduled on a first come, first serve basis.
- During your first two weeks on the *LifeWaves*[®] *Cycles Exercise*[®] Program you will have telephone access to our Technical Support Team from 9:00am-5:00pm EST, Monday – Friday. They will assist you in setting up your computer, using the heart rate monitor and answering general equipment questions. Additional technical help is available after your first two weeks however, *additional fees may apply* and can be estimated, before a technical support session, upon request.

LifeWaves® International, Inc.
Automatic Credit Card Billing Authorization Form

To enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

Customer Name: _____

Phone: _____-_____-_____-_____

Start billing on: / /

Please Initial the following:

____ I authorize LifeWaves® International, Inc to bill my credit card monthly for the amount of \$250.00 per month until I provide written cancellation of my program.

____ I authorize LifeWaves® International, Inc to bill my credit card for the amount of \$350.00 USD + shipping and handling, made in four installments, for a Polar RS800 or later equivalent model heart rate monitor.

____ I authorize LifeWaves International, Inc to bill my credit card for the amount of \$160.00 USD, made in four installments, for a windows---based laptop.

Credit Card Information:

LifeWaves® International, Inc accepts the following credit cards: Visa, Mastercard, American Express, Discover.

Credit Card Type: _____

Credit Card Number: _____

Expires: ____/____ CVD from back of Card: _____

Cardholder's Name As it Appears on the Card: _____

Cardholder's Zip code (from credit card billing address): _____

Customer's Signature: _____

Date: _____

LifeWaves® Cycles Exercise® Program Participation Agreement

Before participating in The *LifeWaves®* Educational and Training Program (hereafter the “Program”) there is some important information that you need to know. Please read the following carefully and ask any questions that you may have. We advise you to show this agreement to your family and physician(s). Please initial each page and sign and date this letter and return it to us at your earliest convenience by:

Scan and Email: cycles@lifewaves.com OR
Fax: (908) 933-0858

Once we have received a signed General Release your Program will begin.

Background Information

We recommend performing your *Cycles Exercise®* Sessions at the specified hours of the day. Your activities during non-exercise Cycle times also influence the results of your Program. It will be helpful if you understand the effects of what you do as it relates to creating healthy Waves.

Program Duration

It takes time to modify your HeartWave patterns. *LifeWaves®* evaluates your progress on an ongoing basis and make recommendations based upon your Wave status. Being healthy is something that you have to work at every day. You will always need to eat, sleep, and make healthy Waves. The importance of maintaining your overall 24-hour Wave patterns is always important.

Outcome

The *LifeWaves® Cycles Exercise®* Program is continuously developing and growing as are your Waves. There will periodically be new things added to your Program and changes made to your *Cycles Exercise®* sessions.

This is a program for overall health having **nothing** to do with any medical condition that you may have. There is **no** guarantee, **nor** any implication, of a cure if you have a medical condition, or of any other desired goal or medical objective. Results vary depending on the individual. This is **NOT** a medical treatment program. You are a participant, not a patient. For medical conditions, seek the assistance of your physician.

The sole objective for participation in the *LifeWaves® Cycles Exercise®* Program is for YOU to create optimal HeartWave patterns for yourself. This program is **not** a substitute for any medication that you may be taking, or treatments that you are receiving as per your physicians’ advice. However, we do want to know of any changes in your physical ability to participate in the *Cycles Exercise®* Program. *LifeWaves®* will provide information regarding your *LifeWaves® Cycles Exercise®* Program to your physician(s) **only upon your written request**.

Please Initial Page _____

Fees

In a separate agreement letter, terms for payment of fees will be outlined. That agreement outlines fees and anticipated expenses for the Program. Please read that agreement carefully, ask any questions that it may raise, and sign and return it to us. This Program is **NOT** covered by medical insurance and we do **NOT** provide information to any insurance companies for reimbursement **NOR** to any other institutions or agencies for any purpose.

Things to Expect

Just as your Waves cycle “up” they also cycle “down”. We call the down swings a trough, and the up swings a peak. Being in a trough may be associated with a feeling of low energy, while being in the peak is associated with high energy. Any changes that do occur in your Wave patterns will not happen on a linear basis. There will be steps forward, steps back, and more steps forward at varying intervals.

Since all of your behaviors are important, as they all influence your Waves, it is helpful to inform your Trainer of any changes in your daily routine (such as travel -- especially across time zones or to altitude).

Relationships and Communication

LifeWaves® Trainers are available to you for any questions that you may have. We welcome all feedback, questions, and/or concerns. But please remember that the Program is a process and if you are unable to contact our offices after hours or on weekends, or if you miss a *Cycles Exercise*® Session(s), you should not be concerned. Just let us know.

You may have read Making Waves by Roger Lewin, or articles by or referencing Dr. Irving Dardik, upon whose ideas the *LifeWaves*® *Cycles Exercise*® Program was originally based. However, Dr. Irving Dardik is **NOT** connected with the *LifeWaves*® *Cycles Exercise*® Program nor the *LifeWaves*® companies, and any views and opinions expressed by Dr. Dardik are entirely his own and do not represent the views and opinions of the *LifeWaves*® companies or any employee. He will not participate in your *LifeWaves*® *Cycles Exercise*® Program nor be a part of any involvement that you might have with the *LifeWaves*® companies.

Data Collection and Usage

I hereby give permission to *LifeWaves*® International to reproduce, in the aggregate, any data or statistical information obtained from me through surveys, evaluations, and/or HeartWave recordings while participating in the *LifeWaves*® *Cycles Exercise*® Program. Data and/or statistical information reported by me may appear, at no cost to *LifeWaves*® International, in research publications, program reports, grants, newsletters, on the *LifeWaves*® International website (www.lifewaves.com), in marketing materials and in local/national/international publications. All data, represented in any form, will remain anonymous.

Please Initial Page _____

Confidentiality

Any and all information regarding the *LifeWaves*® Program is for your personal use only. Please do not share your *Cycles Exercise*® Sessions with any other person.

Consent and General Release

I certify that I have been cleared by my physician to exercise, and I will continue to follow my physician’s recommendations regarding exercise on an ongoing basis. Furthermore, in consideration of the *LifeWaves*® companies permitting me to participate in the *Cycles Exercise*® Program, and for other good and valuable consideration, the adequacy, sufficiency and receipt of which are hereby acknowledge, for myself and on behalf of my successors and assigns, I hereby release and forever discharge *LifeWaves*® International Inc. (the “Company”) and its shareholders, officers, directors, employees, agents and affiliates from all actions, causes of action, suits, debts, sums of money, accounts, bills, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law or equity that I or my successors or assigns ever had, now have or hereafter can, shall or may have, for, upon, by reason of, arising out of, or otherwise, relating to my participating in the *LifeWaves*® *Cycles Exercise*® Program.

Please Initial Page _____

I understand that:

1. The Program is constantly growing, changing and being upgraded.
2. No cure of any illness (chronic or otherwise) and no relief of symptoms is promised or guaranteed.
3. Results may vary.
4. Irving Dardik will **not** be involved in my *LifeWaves®Cycles Exercise®* Program and is not affiliated with any of the *LifeWaves®* companies.
5. I have been advised to continue, and will continue, to be treated by any physician(s) and/or any other health care professionals. I understand that the *LifeWaves®Cycles Exercise®* Program is not a substitute for treatment or any medications prescribed by a physician.
6. My HeartWave data as described above may be used in the aggregate.

Agreed to and understood by:

Print Name: _____

Signature: _____

Date: _____

Email Address: _____

Phone: _____

Mailing Address: _____

Birthdate: _____

Print Witness Name: _____

Witness Signature: _____

Date: _____