

MEMBERSHIP AGREEMENT

STFREE CERTIFICATIONS, INC. – 369 BAINBRIDGE ST, BROOKLYN NY, 11233

Last Name _____
First Name _____
Address 1 _____
Address 2 _____
City/State _____
Zip Code _____
Home Phone _____
Mobile Phone _____
DOB _____
E-mail Address _____
Race (optional) _____
Gender _____
Date _____

TERMS OF MEMBERSHIP

I, _____, hereby acknowledge that I have voluntarily applied to participate as a member of STFree Certifications service and hereby give STFree Certifications authority to view and store my STD examination tests results along with other personal information that I have provided; indefinitely for the use of STFree Certifications services.

I AM AWARE THAT STFREE CERTIFICATIONS DOES NOT GUARANTEE THAT I AM CURRENTLY OR WILL REMAIN UNINFECTED FROM ANY KNOWN OR UNKNOWN STD(S) AND AM VOLUNTARILY PARTICIPATING IN THIS SERVICE WITH THE KNOWLEDGE OF THE DANGERS INVOLVED IN SEXUAL ACTIVITIES AND HEREBY AGREE TO ACCEPT ALL RISKS, INJURY OR DEATH.

For purposes of the agreement "Agreement," the above applicant shall be referred to as the "Member" or "You" and STFree Certifications shall be referred to as "STF".

I hereby agree to pay a non refundable membership fee according to desired membership package STFree Certifications in connection with the provided service. The term of this service is 12 months. Upon expiration of the term, STF may adjust the annual fees.

For this service I acknowledge that I will only receive the following:

1. One STFree Certification card
2. One update of status information within the term
3. Access to STFree's membership services
4. Unspecified member benefits and rewards
5. (Optional) Out of term Certification update **\$5 per update**

For the purpose of my participation in this service, I agree that:

1. REPRESENTATIONS, WARRANTIES AND ASSUMPTION OF RISK. I understand that I will be participating in STFree Certification's services. I understand that engaging in sexual activities may expose me and/or my partner to a risk of personal injury and/or death. I understand that the success of my certification solely relies on maintaining my discretion in regards to my sexual health which I intend maintain throughout my active STFree Certifications member status and that the STFree Certifications system can not be entirely depended upon to function perfectly, because it is subject to mechanical malfunction and operator error. I freely and voluntarily choose to assume all the risks inherent in participating with the STFree Certifications service, including but not limited to risks of equipment malfunction or failure to function which may result from some defect in design or manufacture, or from improper or negligent operation or use of the equipment.

STF may suspend or cancel the rights, privileges or membership of any member whose actions it deems, in its sole, but reasonable discretion, to be detrimental to STF, its facilities or other members.

Member represents that he or she is 18 years of age or older

2. EXEMPTION FROM LIABILITY. I, my heirs, distributes, executors, administrators, guardians, legal representatives and assignors, exempt and release the Corporation, their officers, directors, agents, representatives, servants, employees, and shareholders and suppliers and operators as the owners and lessees of land upon which the STFree Certifications and related operations are conducted from any and all liability, claims, demands or actions or causes of action whatsoever arising out of damages, loss or injury to me or my property while participating in any of the activities contemplated by this Agreement, whether such loss, damage, or injury results from the negligence of any person or business or from any other cause.

3. INDEMNITY AGAINST CLAIMS. I hereby agree that, my heirs, distributes, executors, administrators, guardians, legal representatives and assignors will indemnify, save and hold harmless the Corporation, their officers, directors, agents, representatives, servants, employees, and shareholders, suppliers operators, owners and lessees of land upon which these activities are conducted from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated by any persons or organizations arising directly or indirectly with this service

4. CONTINUATION OF OBLIGATIONS. I agree and acknowledge that the terms and conditions of the foregoing EXEMPTION FROM LIABILITY, COVENANT NOT TO SUE, and INDEMNITY AGAINST CLAIMS shall continue in full force and effect now and in the future at all times during which I participate either directly or indirectly with this service and shall be binding upon my heirs, distributes, executors, administrators, guardians, legal representatives and assignors of my estate.

THIS AGREEMENT CONSTITUTES THE ENTIRE UNDERSTANDING BETWEEN THE MEMBER AND STF AND NO ALTERATION, AMENDMENTS OR MODIFICATION OF ANY OF THE TERMS AND PROVISIONS HEREOF SHALL BE VALID UNLESS MADE IN WRITING SIGNED BY EACH OF THE PARTIES. NO REPRESENTATIONS, EXPRESS OR IMPLIED, WRITTEN OR ORAL, OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ARE, OR SHALL BE, AUTHORIZED BY OR BINDING UPON STF

I HEREBY APPLY FOR MEMBERSHIP OF STF'S SERVICE. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AS WELL AS THE RULES AND AGREE TO ABIDE BY THE RULES. I CERTIFY THAT MY STD EXAMINATION RESULTS BEING GIVEN TO STF AND IN CONNECTION WITH THIS AGREEMENT HAVE BEEN LEGALLY OBTAINED FROM A HEALTH PHYSICIAN AND HAVE NOT BEEN ALTERED IN ANY WAY.

I HAVE FULLY READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO THIS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND STFREE CERTIFICATIONS, INC, AND/OR ITS AFFILIATED ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL

Dated _____

Member Sign _____

Member Print _____

FOR OFFICAL USE ONLY

Certification num: _____

Agent name: _____