Affidavit

(version 2, dated 4/3/2026)

Eagle's Eye Workshops

State of Florida_____ County_____

I (the Attendee), the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I have read, and understand the terms and conditions of the Reservation and Registration agreement Version: 1d and Dated: 4/3/2026 located on the www.GrokingWholeness.info website webpage: *https://www.grokingwholeness.info/eagles-eye-registration* with signed copy attached.
- I have read and understand the terms and conditions of the Informed Consent agreement Version: 1d and Dated: 4/3/2026 located on the www.GrokingWholeness.info website webpage: *https://www.grokingwholeness.info/informed-consent* with a signed copy attached.
2. 3. I acknowledge that I have also been given the opportunity to ask questions to Eagle's Eye Workshops employees, contractors and agents about the contents of these agreements and understand the answers to my questions

Executed this: _____day of _____, 20_____ in _____

Participant

Attendee Signature: _____ Printed Name _____

Attendee Address: _____

Email address: _____ Day Telephone: _____

Witnessed by:

Signature: _____ Printed Name _____

Address: _____

Signature: _____ Printed Name _____

Address: _____

State of Florida, County of _____

Notary Public or Deputy Clerk:_____

Print, type or stamp commissioned name of notary or clerk:

Personally known: _____

Produced identification: _____

Type of identification produced: _____