

LumiCeuticals Trial Program Agreement:

Thank you for participating in our Trial Program. By participating in this program, you enter into a rental agreement with LumiCeuticals and we ask that you review and sign the following:

This rental agreement is made and entered into this _____ day of _____, 20____, by and between LumiCeuticals and _____ ("Renter").

The trial equipment consists of 1 controller and 3 or 4 light pads ("Equipment"). This Equipment is being rented in new condition and free from any known fault or defects, which would affect its safe operation under reasonable and normal use. The Renter shall use the equipment in a careful and proper manner **including no exposure to cigarette smoke** and shall comply with manufacturer's guidelines as presented in the equipment manual regarding safe and proper use and maintenance. Neither LumiCeuticals nor its distributors makes any claim or promises as to the effectiveness of this equipment. For the diagnosis and treatment of any disease, please consult a licensed physician.

Timeline and Payment: The Trial Period shall be (2) weeks and (1) day, beginning the day after the renter receives the equipment (the "Trial Period"). The Trial Period can be extended only upon authorization by LumiCeuticals. The trial rate shall be \$250 for two weeks using a Flex3 System, \$300 for two weeks using a Grow6 System and \$350 for two weeks using a Pro6 System, paid to Health Dynamics prior to shipment. The Renter shall provide a valid credit card to secure the rental prior to shipment.

To get the most value for their trial, the Renter is encouraged to read the 14 day email tutorials and participate in at least one light coach consultation during the 2 week trial period.

If the Renter has not chosen to purchase the system during by the end of their Trial Period, the Renter is required to return ship the equipment in good condition and working order in the same manner and packaging in which it was delivered to them the next business day after the Trial Period ends. Renter acknowledges they are solely responsible for all return shipping costs and will provide a tracking number for the shipment.

Renter will be held liable for up to the full cost of any Equipment damaged or destroyed, or for failing to return the Equipment. Renter hereby agrees to fully indemnify LumiCeuticals, Health Dynamics and Joffs Enterprises, LLC from any and all loss of, or damage to, the Equipment during the Term of this Agreement, whether caused by fire, flood, vandalism, theft, or any other cause, except that which shall be determined to be caused by the fault or defect of the Equipment. Renter may be charged and agrees to pay a late fee of \$50 per day for each day the Equipment is late without prior agreement.

Should Renter choose to purchase the Equipment within 14 days of the end of the Trial Period, Health Dynamics agrees to apply \$200 of a \$250 trial, \$250 of a \$300 trial and \$300 of a \$350 trial payment to the purchase.

Signature of Renter:

Date: _____

For Office Use:

Equipment Rented: _____ Serial Number: _____

Date Received by Renter: _____ Date Returned : _____