



The following information is required for setting up Contacts.

Contact #1

First Name: Morgan Last Name: Reynolds Time Zone: Pacific Standard Time (-8:00)

Mobile Phone Number: 555-555-0199 Email Address: morganreynolds@grr.la

Alert Method: Text and Email E-mail Only

Alert Type: All Testing Activity Non-Compliant Testing Activity Only

Weekly Summary Report: Yes No

Approved to Request Evaluations for Positive Tests: Yes No

Contact #2

First Name: _____ Last Name: _____ Time Zone: _____

Mobile Phone Number: _____ Email Address: _____

Alert Method: Text and Email E-mail Only

Alert Type: All Testing Activity Non-Compliant Testing Activity Only

Weekly Summary Report: Yes No

Approved to Request Evaluations for Positive Tests: Yes No

Contact #3

First Name: _____ Last Name: _____ Time Zone: _____

Mobile Phone Number: _____ Email Address: _____

Alert Method: Text and Email E-mail Only

Alert Type: All Testing Activity Non-Compliant Testing Activity Only

Weekly Summary Report: Yes No

Approved to Request Evaluations for Positive Tests: Yes No

DISCLOSURE CONSENT

1. I Authorize:
2. The aforementioned person(s) to receive real-time access to my testing results related to my Soberlink Share™ Program account.
3. To disclose: Those Alerts described above.
4. For: Disclosure and accountability with my Contacts
5. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon the termination of your participation in the Soberlink Share Program. **You may add, delete or amend your Contacts at any time by calling Soberlink at 844-975-7200 or e-mail support@soberlink.com.**

Initials: JR
JR



SOBERLINK SHARE™ PROGRAM PARTICIPANT AGREEMENT

I agree to cooperate fully with all terms and obligations set forth in this Soberlink Share™ Participant Agreement and Soberlink's General Terms and Conditions (the "T&Cs") included with my Device and which are available at www.soberlink.com/general-tc (collectively, the "Agreement"). I expressly agree to be bound and comply with the Agreement, including, but not limited to, the Dispute Resolution and Arbitration provisions, Limited Warranty limitations, and Exclusions set forth in the T&Cs.. By entering into the Agreement, I represent and warrant that there are no third parties, such as a parent, spouse, former spouse, guardian, court monitor, or other person or entity who has a recognizable stake in the welfare of a minor child who is not required to be notified of your testing activity.

Program Conditions

- 1. THE SOBERLINK SHARE™ PROGRAM IS FOR VOLUNTARY USE ONLY AND IS NOT INTENDED TO BE UTILIZED IN ANY CASE OR LEGAL PROCEEDING OF ANY KIND. I acknowledge and agree that I shall not utilize the Soberlink Device provided to me for any criminal justice or proceeding or family law, including but not limited to a DUI related matter, criminal probation, family law case, dissolution proceeding, child custody action or other custodial matter.** I further agree and acknowledge that using the Device in violation of this Agreement may, among other things, result in termination or suspension of my account, or being moved to an alternative Soberlink monitoring program. In the event of such action, I agree that I will be responsible for any applicable fees, including early termination fees and any additional fees and costs associated with the alternative monitoring program.
2. Soberlink reserves the right to stop monitoring service based on non-compliant activity, violation of any term or provision of this Agreement, use of the Device for a purpose inconsistent with this Agreement or non-payment with 10 days prior notice. Soberlink further reserves the right to cease the provision of Services for any reason, including convenience, upon 15 days prior written notice. Service may also be terminated by mutual agreement. Nothing herein shall prevent Soberlink from immediately suspending service for any reason including, but not limited to, violation of Soberlink protocols, violation of any term or provision of this Agreement, violation of any applicable law, verbal or physical abuse, threat(s) or harassment of Soberlink, its representatives, vendors partners or affiliates or any person or entity party to, or connected with, this Agreement.
3. I understand that it is my responsibility to contact Soberlink the day the Device arrives and will be required to submit a test and subscribe to text message notifications to complete activation. I understand that Soberlink will only activate the Device during normal business hours M-F from 7 a.m. to 5 p.m. (P.S.T.)
4. I understand that Soberlink Account Representatives will not be alerted of compliant or non-compliant testing activity. I further understand that Soberlink will not take any action in the event of a positive test or non-compliant testing activity.
5. I acknowledge that Contacts I designate will have access to certain information and testing results until and unless such access is withdrawn. It is my responsibility to add and remove Contacts or to modify the scope of access by contacting Soberlink at 844-975-7200 or support@soberlink.com.
6. I understand that all program changes, including changes to the testing schedule, must be submitted in writing to support@soberlink.com. I further understand that changes may take up to 48 hours to implement. Furthermore, I understand that contacts will be notified of all changes made.
7. I acknowledge that Soberlink requires a daily monitoring fee, paid on a monthly basis, in order to keep the Device activated (the "Daily Fee"). I further acknowledge that the Daily Fee is accrued while the Device is active even on days that tests are not submitted.
8. I understand that the party paying for Soberlink services is the only party with the ability to terminate services and must do so directly by emailing support@soberlink.com or calling (844) 975-7200.
9. I understand that this Agreement does not constitute a client/patient relationship between Soberlink and myself.
10. I understand that Soberlink shall not be required to testify in legal proceedings as to the use of the Device pursuant to the Agreement. Further, Soberlink shall seek to comply with all governing state and federal law as it relates to the issuance of subpoenas or service of process related to the use of the Device and/or service.



11. I understand that all missed tests will be recorded on the Sober Sky Web Portal, and if I wish to document the reason for the missed tests I must contact Soberlink within 24 hours at support@soberlink.com or (844) 975-7200. Further, I understand that all scheduled Alerts and Notifications will be sent regardless if I document the reason for the missed tests.

Deprivation Period & Alcohol-Based Products:

12. I will refrain from eating, drinking, and smoking for at least 20 minutes prior to submitting a Soberlink test. I will make sure to read the labels of products I consume and research products that might contain alcohol to avoid inaccurate BAC readings. In addition, all documents pertaining to over-the-counter or prescribed alcohol-based medications will be provided to those involved in my monitoring. I will rinse my mouth out with water before testing. Failure to do so could result in an inaccurate BAC reading.

Testing Procedures

13. I will remove any eye wear (glasses, sunglasses), hats, or any other items that may obstruct my appearance while testing. I will take all tests in well-lit areas while standing or sitting upright (not lying down) with my eyes open. I will always use the provided Soberlink mouthpiece, and will not hold the mouthpiece while testing. I will not use the Soberlink Device while driving or operating heavy machinery.
14. If prompted to Retest, I will Retest at the times indicated on the Device and in the notification text message, but not before. Failure to retest as instructed may result in a positive reading and/or will be considered breach of this Agreement as noncompliance.
15. I understand that all submitted tests are immediately sent to and recorded on the Sober Sky Web Portal.
16. I will take the test in normal operating temperatures (32* - 122*F)
17. I will check the Device's LCD screen to confirm that each test was successfully sent. I will not simply assume the test was sent.

Protecting Equipment

18. I will use the protective case to store the Soberlink Device at all times when not in use. I will keep the Device away from alcohol-based products that could interfere with accurate readings (e.g. perfumes, colognes, sanitizers).

Equipment Issues

19. I will immediately report any problems that I encounter with my Soberlink Device to support@soberlink.com.
20. I understand that if my Soberlink Device is lost, stolen, or damaged beyond repair I will be responsible for the replacement cost of the Device.

General Disclosures

21. I have reviewed, understand, and will abide by all of terms and provisions of the Agreement including, but not limited to, Soberlink's General Terms and Conditions available at www.soberlink.com/general-tc.
22. At any time while the Agreement is in effect, the Contacts listed in this Agreement whom are authorized may request that Soberlink review a series of positive BAC test results to evaluate whether or not the event was caused by alcohol consumption. This evaluation will be performed within 48 hours (excluding requests made on Fridays, Saturdays, and Sundays) and may be subject to additional fees (\$100 each). The evaluation will be sent to the requesting party and the Monitored Client.

Jordan Reynolds

Monitored Client Name:

Jordan Reynolds
Jordan Reynolds (May 11, 2017)

jordanreynolds@grr.la

May 11, 2017