

# Affidavit

(version 1a 3/26/2026)

## 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: \_\_\_\_\_ and Dated: \_\_\_\_\_ located on the www.GrokingWholeness.info website webpage: <https://www.grokingwholeness.info/eagles-eye-registration> with signed copy attached.
2. I have read, and understand the terms and conditions of the Informed Consent agreement Version: \_\_\_\_\_ and Dated: \_\_\_\_\_ located on the www.GrokingWholeness.info website webpage: <https://www.grokingwholeness.info/informed-consent> with a signed copy attached.
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: \_\_\_\_\_