

Exhibit “B”



Enrollment Agreement, Client Version



Provider: Legacy Outdoor Adventures

Client: Noah Fagan

Personal Injury and Damage to Property

All personal gear issued to The Client remains the property of The Client, who must assume full responsibility for care, upkeep and replacement cost if the gear is lost or destroyed by The Client. Client agrees to accept full responsibility for: (1) the repair or replacement of any property damaged, defaced or destroyed by The Client, whether owned, leased or controlled by Legacy Outdoor Adventures or any third party; (2) personal injury to any Legacy Outdoor Adventures personnel, other The Client or third party caused, in whole or in part, by The Client; and (3) to promptly reimburse Legacy Outdoor Adventures for any costs and expenses, including legal and/or medical fees, it may incur in connection therewith. NF (Initial)

Physical Restraints

I understand that Legacy Outdoor Adventures uses Positive Control Systems® Non Violent Crisis Intervention Programs. Physical restraint of The Clients is used only after verbal de-escalation has been exhausted and/or proved ineffective and is used only in the following scenarios: 1) imminent harm to self; 2) imminent harm to others.

NF (Initial)

Medical and Incidental Expenses

I acknowledge that all costs incurred as a result of injury, illness or any medical treatment remains my/our responsibility. I acknowledge that all costs of medication while The Client is enrolled in the program are my/our responsibility. I acknowledge that these expenses will be billed to client's health insurance or charged to my/our account. I will provide the client's health insurance information to the program, including an enlarged copy of both sides of the clients medical insurance card. NF (Initial)

Psychiatric Services

I understand that the Legacy Outdoor Adventures treatment team may recommend psychiatric services with a MD-level psychiatrist as part of my family member's treatment plan. If my family member has been in a hospital setting within the past 9 months, I understand my The Client will receive psychiatric consult while at Legacy Outdoor Adventures.

I understand that the Legacy Outdoor Adventures psychiatrist will not write any prescriptions for refills or otherwise without seeing the client directly. I understand that a change in medication requires the consent of The Client.

NF (Initial)

Psychological Testing

I understand that the Legacy Outdoor Adventures treatment team recommends psychological testing with a PhD-level psychologist as part of The Client's treatment plan. I consent to this treatment NF (Initial)

Risks of Outdoor Program/Release/Indemnity

I assume and acknowledge that participating in the Legacy Outdoor Adventures program involves inherent risks and other risks, hazards, and dangers that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility and where communication, transportation, or evacuation is subject to delay. I understand that Legacy Outdoor Adventures cannot assure The Client's safety or eliminate all of these risks. NT (Initial)

I release Legacy Outdoor Adventures from, and agree not to sue Legacy Outdoor Adventures for, any liability, claim, suit, or expense in any way associated with The Client's participation in the Legacy Outdoor Adventures program or the use of any equipment or facilities in the Legacy Outdoor Adventures program. Neither I nor anyone acting on my behalf will make a claim against Legacy Outdoor Adventures as a result of any loss, injury, damage, or death suffered by The Client. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Legacy Outdoor Adventures to the fullest extent allowed by law (but not for gross negligence or willful or wanton conduct) and includes claims for personal injury, property damage, wrongful death, breach of contract, or any other type of suit. NT (Initial)

I further agree to defend and indemnify Legacy Outdoor Adventures (to pay or reimburse Legacy Outdoor Adventures for money it is required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of a family member, a co-participant, or any other person for any claims related to The Client's participation in the program. NT (Initial)

I agree to release, hold harmless and indemnify Legacy Outdoor Adventures from any and all liability arising out of or resulting from any injury or illness which occurs while The Client is enrolled. I agree to release, hold harmless, and indemnify Legacy Outdoor Adventures from any and all liability arising out of or resulting from any medical condition which is self-inflicted by The Client while enrolled, including without limitation any self-inflicted injury or illness. NT (Initial)

Personal Search Agreement

I hereby consents and authorizes Legacy Outdoor Adventures to search the person and personal belongings of the program participant and to confiscate all items deemed inappropriate by Legacy Outdoor Adventures personnel. In connection with such search, Legacy Outdoor Adventures may, in its discretion, require The Client to remove all of his clothing and may search The Client's entire person. NT (Initial)

Photo Participation Authorization

I acknowledge and understand that photographs taken for the purpose of illustrating Legacy Outdoor Adventures programs and services may include photographs of The Client and family members. I hereby agree that Legacy Outdoor Adventures may namelessly display these photographs on the Legacy Outdoor Adventures website, print materials, or any publication authorized by Legacy Outdoor Adventures. NT (Initial)

Authorization and Consent for Electronic Communication / Mail

I authorize Legacy Outdoor Adventures to transmit personal communications from The Client via a secure, password protected webpage. I understand that errors may occur and I release Legacy Outdoor Adventures from any and all liability for errors in the transmission of personal communications between my The Client and myself/ourselves. I agree to keep confidential the nature of any communication that I may receive in error regarding other Legacy Outdoor Adventures clients and to notify Legacy Outdoor Adventures immediately if this occurs.

P.O. Box 400, Loa UT 84747 Tel (435) 836-2272
Fax (435) 836-2274 www.legacyoutdooradventures.com

Legacy Outdoor Adventures only has one portal per client and this portal will be used for communication to any who is given access. All mail to any individual will only be sent through this portal and parents/sponsor will be responsible for all mail communication. We do not send USPS or distribute personal mail outside of the portal system. NT (Initial)

Confidentiality

I acknowledge and understand that participation in the Legacy Outdoor Adventures program will put me/us in contact with other Legacy Outdoor Adventures families and clients in the way of: group therapy, peer/staff meetings, weekly all-family teleconference/webinar calls, family workshops, and the like. For this reason, I hereby agree to confidentiality in reference to other Legacy Outdoor Adventures families, their names, stories or other information I might become privy to before, during or after participation at Legacy Outdoor Adventures, unless it involves a case of suspected child abuse or neglect. I also acknowledge that we release information for the therapeutic needs of these situations. NT (Initial)

HIPAA Regulations

I acknowledge that Legacy Outdoor Adventures complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1999. To review our detailed HIPAA policy, please contact the Legacy Outdoor Adventures office. NT (Initial)

Research Authorization

Participant hereby authorizes Legacy Outdoor Adventures to use data from the Participant's records, tests, and assessments for purposes of ongoing research, provided that the Client/Participant/Other's name and identity will be kept confidential and not used in any published materials. NT (initial)

Dispute Resolution

a. Alternative to Litigation. The Parties desire to resolve any dispute, whether based on contract, tort, statute or other legal or equitable theory arising out of or related to this Agreement (including amendments or extensions), or the breach or termination of this Agreement (the "Dispute") without litigation. Accordingly, the Parties agree to use the following alternative dispute resolution procedures as the sole means to resolve the Dispute.

b. Negotiations: Mediation. At the written request of a Party, each Party will appoint a knowledgeable, responsible representative to meet and negotiate in good faith to resolve the Dispute. The location, format, frequency, duration, and conclusion of these discussions shall be left to the discretion of the representatives. Upon agreement, the representatives may utilize other alternative dispute resolution procedures such as mediation to assist in the negotiations. Discussions and correspondence among the representatives for purposes of these negotiations shall be treated as confidential information developed for purposes of settlement, exempt from discovery, and shall not be admissible in the arbitration described below or in any lawsuit without the concurrence of the Parties. Documents identified in or provided with such communications, which are not prepared for purposes of the negotiations, are not so exempted and may, if otherwise discoverable or admissible, be discovered, and be admitted in evidence, in the arbitration or lawsuit.

c. Arbitration. If the negotiations do not resolve the Dispute within sixty (60) days of the initial written request, the Dispute shall be submitted by either Party or both Parties (with a copy provided to the other Party) to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association (the "Rules").

d. Location. The arbitration shall be held in Wayne County, Utah and there shall be one arbitrator. Such arbitrator shall be chosen subject to the Rules. The arbitrator shall have no financial interest in the outcome of the dispute and

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shall use the Federal Rules of Evidence. The arbitrator shall determine the claims of the parties and render a final award in accordance with the substantive law of the State of Utah, excluding the conflicts provisions of such law. The arbitrator shall set forth the reasons for the award in writing. Except as required by law (and then only after prior notice to the other Party), no Party shall disclose the facts of the underlying dispute or the contents or results of the arbitration without the prior consent of all Parties. The decision of the arbitrator shall be final and binding on all Parties, and shall be enforceable in any court of competent jurisdiction.

e. Limitation. Any claim by either Party shall be time-barred if the asserting Party commences arbitration with respect to such claim later than two years after the cause of action accrues. All statutes of limitation and defenses based upon passage of time applicable to any claim of a defending Party (including any counterclaim or claim of setoff) shall be tolled while the arbitration is pending.

f. Discovery. The arbitrator shall order the Parties to promptly exchange copies of all exhibits and witness lists, and, if requested by a Party, to produce other relevant documents, to answer up to ten interrogatories (including subparts), to respond to up to ten requests for admissions (which shall be deemed admitted if not denied) and to produce for deposition and, if requested, at the hearing all witnesses that such Party has listed and up to four other persons within such Party's control. Discovery shall be conducted in accordance with the Federal Rules of Civil Procedure.

g. Costs. Each Party shall bear its own costs, expenses and attorney's fees; provided that if court proceedings to stay litigation or compel arbitration are necessary, the Party who unsuccessfully opposes such proceedings shall pay all reasonable associated costs, expenses, and attorney's fees in connection with such court proceedings.

h. Enforceability. If any part of this dispute resolution provision is held to be unenforceable, it shall be severed and shall not affect either the duty to arbitrate or any other part of this provision. WF (Initial)

Entire Agreement

This Agreement contains the entire agreement of the parties with respect to the subject matter of the Agreement. This Agreement supersedes any prior written or oral agreements between the parties. Any modification to this Agreement of any kind must be in writing and signed by the party obligated under the modification. WF (Initial)

Severability

If any provision of this Agreement will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited. WF (Initial)

Jurisdiction

Client irrevocably agrees and hereby consents and submits to the exclusive jurisdiction of any state or federal court located in Utah with regard to any actions or proceedings arising from, related to, or in connection with the Client's obligations to Legacy Outdoor Adventures or this Agreement. Some disputes may be subject to arbitration. Client hereby waives any right Client may have to transfer or change the venue of any litigation filed in such courts.

WF (Initial)

Governing Law

This Agreement shall be construed in all respects in accordance with the laws of the State of Utah, without regard to conflicts of laws principles that would require the application of any other law. NF (Initial)

Attorney Fees

In the event a suit or action is brought by any party under this Agreement to enforce any of its terms, conditions, covenants, or in any appeal thereof, it is agreed that the prevailing party shall be entitled to all reasonable attorney's fees. NF (Initial)

Signature: [Signature] Date: 5/11/16

Signature of witness: Chris Dawn Date: 5/11/16