

Consent and Authorization: Please read this document carefully and sign it below.

I, as the undersigned, being over the age of 21, hereby represent and confirm to ADS Supply Inc., its affiliates, related companies, subsidiaries and parent company (hereinafter collectively referred to as "ADS"), and to LibertyCareCanada.com LibertyCare RxCanada.com and LibertyCareRxMail.com that:

1. The pharmaceutical(s) to be delivered to me were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment and I can make my own medical decisions according to the law of the place where I reside.
2. The prescription(s) for the pharmaceutical(s) were lawfully obtained from that physician in the last year and not altered in any way nor has it been filled prior to submission to ADS. I agree to destroy all copies of my prescription(s) once it has been filled. Any medication obtained for me by ADS is for personal use only and strictly according to the instructions provided by the physician who prescribed the medication. I am not relying on, and ADS does not provide its agency or attorney services as a substitute for healthcare or the advice of the customer's primary care physician.
3. I will immediately contact the physician who provided my prescription included with this order in the event I suffer any unexpected side effects from any medication obtained for me by ADS and I understand that it is my responsibility to have regular physical examinations by my primary US licensed physician to ensure that I have no medical problems which would constitute a contradiction to me taking the medications being prescribed.
4. I acknowledge that ADS' employees and agents have relied on the information and documentation that I am providing and I represent and confirm that I have fully disclosed all pertinent information and documentation to ADS. I agree to notify ADS of any changes to my physical or medical condition by providing an updated Client Profile.
5. I hereby authorize and appoint ADS, as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in Canada that is the equivalent of the prescription that I sent to ADS, to ship the order to my own address, to collect personal health information, and collect similar information from my prescribing physician to the same extent as I could do personally if I were present taking those steps and signing those documents myself.
6. The authorizations and consents that I am providing to ADS commence on the date I have signed this Agreement and shall continue until I revoke them, which I can do at any time by contacting ADS.
7. To increase efficiency of my order, I hereby consent to and specifically acknowledge that ADS will be transmitting my personal health information by electronic means (for example fax, secure internet) to its employees, agents, affiliates, intermediaries and service providers including the Canadian licensed physician retained on my behalf. I also understand that ADS, as a custodian of my personal health information will take all appropriate precautions to protect my personal health information from improper disclosure or use.
8. I acknowledge and agree that I initiated a consultation with ADS and that ADS is not located in the United States. I also acknowledge that the pharmacists working for ADS and the physicians contracted by ADS on my behalf are licensed to practice medicine or pharmacy in Canada and that all services that I receive from the Canadian pharmacy and the pharmacist are being received in Canada.
9. I further agree that any and all agreements reached or contracts formed throughout the course of the relationship between me and ADS shall be deemed to be made in the Province of Alberta, Canada and accordingly shall be governed by the laws of the Province of Alberta and the laws of Canada applicable to such contracts and agreements.
10. I agree that any dispute that arises between me and ADS, its affiliates, related companies, subsidiaries, parent company, officers, directors, employees, agents and contractors shall be governed by the laws of the Province of Alberta and the laws of Canada applicable to contracts formed in Alberta, and I agree that the courts of the Province of Alberta shall have sole and exclusive jurisdiction over any such dispute.
11. The pharmaceutical(s) will not be packaged in child protected packaging and that ADS shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available, unless the physician or I have indicated that there be "no substitution". That once purchased and shipped, no pharmaceutical product may be returned or exchanged unless the medication provided to me by the supplying pharmacy does not correspond with my prescription. ADS reserves the right to refuse my order in its sole discretion, in which event I will be entitled to a full refund for monies paid for such order.

I agree that I have read, understood and acknowledged the preceding terms.

Name (Printed)	Signature	Date Signed (MM/DD/YYYY)
----------------	-----------	--------------------------