

**\*\*\*\*\* EFFECTIVE DATE: 03/01/2025 \*\*\*\*\***

**Clients will receive a signed copy of this agreement.**

# Non-Disclosure Agreement (NDA)

This Non-Disclosure Agreement ("Agreement") is made and entered into as of the date of signing by and between:

Disclosing Party: Akinas Garden Healing

Receiving Party: \_\_\_\_\_

## 1. Purpose

The Disclosing Party possesses confidential and proprietary information related to its business, wellness consultations, client details, and operational methods. The Receiving Party agrees to maintain confidentiality and not disclose such information.

## 2. Confidential Information

Confidential Information includes, but is not limited to:

- Client records and personal health details
- Business strategies, pricing, and financial data
- Trade secrets and proprietary methods
- Any other information designated as confidential

## 3. Obligations of Receiving Party

The Receiving Party agrees:

- Not to disclose, share, or distribute Confidential Information to any third party
- To use Confidential Information solely for business purposes related to Akinas Garden Healing
- To take all reasonable measures to protect the confidentiality of such information

## 4. Exclusions

Confidential Information does not include:

- Information already publicly available
- Information received lawfully from another source without breach of this Agreement
- Information independently developed by the Receiving Party without reference to Confidential Information

## 5. Term & Termination

This Agreement remains in effect for a period of five (5) years from the date of signing unless terminated earlier by mutual written consent.

## 6. Legal Remedies

Any unauthorized disclosure may result in legal action, including but not limited to injunctive relief, damages, or other

remedies under applicable law.

7. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Louisiana.

8. Acknowledgment & Signature

By signing below, the parties agree to the terms outlined in this Agreement.

Disclosing Party (Akinas Garden Healing):

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Receiving Party:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_