

EXO- REGEN WELLNESS

CONSENT, WAIVER RELEASE LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

By signing below, I acknowledge that I have read the Consent document, received a copy of the same, and all my questions have been answered. I hereby give consent to Exo-Regen Wellness to perform these services.

Exo-Regen Wellness provides these services.

1. **CONSENT TO SERVICES PROVIDED.**

Cryotherapy (Initials): _____

Exosomes Therapy (Initials): _____

Hormone Replacement Therapy (Initials): _____

Intravenous, Intramuscular, Subcutaneous, Vitamin and Mineral Therapy (Initials): _____

Platelet-Rich Plasma Therapy (Initials): _____

Oxygen Therapy (Initials): _____

Massage Therapy (Initials): _____

2. **Procedure For Therapy:** I understand that receipt of services may include an initial series of appointments that are anticipated and may extend over several weeks or months. I understand that it is my option to stop at any time without incurring any further expense after I have directed that such services be stopped.
3. **Healthy Lifestyle:** I understand that the benefits of any therapy are much greater if I follow a healthy lifestyle (non-smoking, weight control, proper exercise, proper diet, and nutritional supplementation).
4. **RISK:** I have been informed of the risks and side effects of the therapy I am receiving. I understand the nature of the proposed therapy services and the risks and dangers which describe the risks of the therapy I am receiving. INITIALS: _____
5. **NO WARRANTIES OR PROMISES:** I understand that there have been no warranties, promises or guarantees of successful treatments made to me, I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through conversations and materials that may be provided to me to educate me about the therapy I have selected. I acknowledge that I have had the opportunity to ask questions with respect to my proposed therapy and the treatment to be utilized, and all my questions have been answered to my full satisfaction. My signature on this Consent will constitute a full and final release of any legal responsibility resulting from the receipt of the therapy I have selected. INITIALS: _____
6. **I AGREE TO KEEP MY HEALTH CARE PROVIDERS INFORMED:** I agree to keep my healthcare providers fully informed about all services I receive. If I suffer from a medical or pathological condition, I agree to consult with an appropriate healthcare provider. Exo-Regen Wellness is not a substitute for my family physician or other appropriate healthcare provider. Exo-Regen Wellness does not provide diagnosis or treatment for pathological conditions, illnesses, injuries, or diseases. Regarding hormone replacement therapy, Exo-Regen Wellness is relying on the blood test results of a third party whose client has independently contracted for laboratory testing. I acknowledge Exo-Regen Wellness has no liability for the accuracy of third-party blood test results. INITIALS: _____
7. **I AGREE INFORM EXO-REGEN WELLNESS:** If I am using medications of any kind, then I agree I am required to alert Exo-Regen Wellness to such use, as well as to discuss any potential interactions between medications and nutritional products with my physician and my pharmacist. If I have physical or emotional reaction to the treatment or products, then I agree to discontinue their use and immediately inform Exo-Regen Wellness of the issue to determine whether the reaction is adverse or an indication of the natural course of body's adjustment to the therapy. I hereby acknowledge and understand that the services provided are not medical treatment for a specific medical condition, illness, or disease and that it has been recommended to me to discuss the above services with my health care provider prior to receipt of the services. INITIALS: _____

I hereby release and fully agree permitted by law, to save, hold harmless and indemnify Exo-Regen Wellness, its directors, officers, employees, volunteers and agents from all liability for loss, cost, claim or damage whatsoever that may be made against them arising out of the provision of products or services. Exo-Regen Wellness cannot guarantee specific results with respect to any service or product provided by Exo-Regen Wellness

Date _____ Day of _____, 20 _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

