

EXO-REGEN WELLNESS

Waiver and Release for Treatment Including all GLP-1 Agonists for Weight Loss

I. Acknowledgment and understanding

I, _____ (hereinafter referred to as "Patient"), hereby acknowledge that I have voluntarily chosen to undergo treatment with a GLP-1 Agonist, provided by Exo-Regen Wellness. I understand that this is a prescription medication used primarily for the management of type 2 diabetes and weight loss, and it is administered via injection.

II. Informed Consent

I have been informed about the nature, purpose, and potential risks and benefits of the treatment with GLP-1 Agonists, including but not limited to:

1. Common side effects such as nausea, vomiting, diarrhea, constipation, and abdominal pain are both common.
2. Possible serious side effects such as pancreatitis, kidney problems, allergic reactions, and changes in vision are both possible.
3. The importance of adhering to prescribed doses and schedules is important.
4. The need for regular follow-up and monitoring by healthcare professionals is essential.

I have had the chance to ask questions and discuss my concerns with my primary care doctor and the Exo-Regen Wellness providers. All my questions have been answered to my satisfaction.

III. Voluntary Participation

I acknowledge that my participation in this treatment is voluntary. I understand that I may refuse treatment or discontinue treatment at any time without penalty or loss of benefits to which I may otherwise be entitled.

IV. Assumption of Risk

I understand that while Exo-Regen Wellness will take all necessary precautions, there are inherent risks associated with the administration of GLP-1 agonists. I hereby assume all risks associated with this treatment, including those mentioned above.

V. Waiver and Release of Liability

In consideration of receiving treatment with GLP-1 Agonist, I hereby waive, release, and discharge Exo-Regen Wellness, its directors, officers, employees, agents, and affiliates from all claims, liabilities, damages, costs, and expenses of any kind arising out of or related to my treatment with GLP-1 Agonist. This release includes any claims for personal injury, illness, or medical expenses.

VI. Indemnification

I agree to indemnify and hold harmless Exo-Regen Wellness, its directors, officers, employees, agents, and Affiliates from all claims, liabilities, damages, costs, and expenses, including reasonable attorney's fees, arising out of related to my treatment with GLP-1 Agonist.

VII. Governing Law

This waiver and release shall be governed by and construed in accordance with the laws of the Exo- Regen Wellness, regardless of its conflict of laws principles.

VIII. Severability

If any provision of this waiver and release is found to be unenforceable or invalid, the remaining provisions shall remain in full force and effect.

IX. Entire Agreement

This document constitutes the entire agreement between the parties regarding the treatment with GLP-1 Agonist and superseded all prior discussions, agreements, or understanding of any kind.

Patient Information and Signature:

Patient Name: _____

Patient Address: _____

Contact Number: _____

Signature: _____ Date: _____