



WAIVER OF LIABILITY

On the day of the infusion, you should **NOT** engage in any of the following after the infusion:

- Driving any vehicle
- Drinking alcohol or using drugs
- Conducting business
- Participating in activities which require you to rely on motor skills or memory.
- Signing legal documents

By agreeing to this treatment and by your signature on this form, you recognize and understand the risks involved and agree to strictly adhere to these policies after every administration of the medication.

In the event you decide to engage in the above-listed activities, you agree you do so at your own peril. In no event will Elev8MD Wellness Center, its staff, physicians, employees, or agents (collectively "the Practice") be liable in any way for any personal injury, death, property loss or damage sustained by or through you in connection with my engagement after infusion in the above-listed activities. By your signature below, you agree to waive, release, and discharge the Practice from any and all liability, claims, demands, actions, and causes of actions whatsoever for any and all loss, claim, damage, injury, illness, fees or harm arising out of your participation after infusion in the above-listed activities.

This waiver will remain binding and in effect so long as you participate in treatment with Elev8MD Wellness Center.

Patient Signature:

_____ Date _____

Print Patient Name: _____