.Waiver release, Assumption of risk, and Consent Agreement for Hyatt Health

HYATT HEALTH

Read carefully. This agreement includes a release of liability and waiver of legal rights to sue Hyatt Health, it's management, employees and or contractors. Do not sign unless you have read it in its entirety. This waiver release and assumption of risk consent agreement will remain in effect until termination by me in writing.

I, _____ understand and acknowledge that I am of the full age of 18 years or older, or 15 years of age with parental consent. I confirm that I am not under the influence of alcohol, any illicit or prescription drugs which would in any way impair my ability to agree to the terms of this agreement or safely commence the procedures herein.

Risks

I acknowledge that I have been advised by the Hyatt Health staff not to drive a motor vehicle or operate machinery or heavy equipment for a period of no less than eight hours after certain medication administration such as but not limited to Phenergan or Benadryl. IV hydration and certain intramuscular injection procedures are not suitable for someone who is pregnant, breast feeding and or has congestive heart failure, renal failure, or renal disease. I further hereby save harmless and indemnify Hyatt Health and its employees for any damages whatsoever resulting from me not complying with the request Hyatt Health has stated herein.

I confirm I am not pregnant, and I do not have hemophilia, nor do I take blood thinning medication or any other medication that would interfere with the procedure, application or healing of any procedure mentioned. I also confirm that I fully disclosed any and all medical history on the medical form and do not have any other medical or skin condition that may interfere with the procedure mentioned.

I acknowledge that I have been advised of the following potential health / medical risks associated with intravenous hydration an intramuscular injection of medication administration and still wish to proceed with the procedures mentioned here.

Allergic reactions two numbing cream, tape, medication, and aftercare such as band-aids or bandages may include but not limit to hives, redness, itching, pain, raised pigmented areas, rash, nausea, shortness of breath, difficulty breathing, chest pain, fluid overload and or even death. Also, scarring to pigmented areas, bruising and or swelling to injection area, infection, infiltration causing swelling and pain.

Waiver and release of liability and indemnity

I, in consideration of Hyatt Health and its employees completing the procedures mentioned below, hereby release and further agree not to make any claim or demand or commence legal action against Hyatt Health and or its employees for damages, compensation, loss of any relief whatsoever in respect of any cause or matter relating to the procedure. I further agree that this agreement shall operate conclusively as an estoppel in the event of any such claim, action, or proceeding and may be pleaded accordingly. I have further except full responsibility for and indemnify any hold Hyatt Health, and any of its employees and or contractor's, harmless and without liability of any kind whatsoever for any adverse event or reaction relating to intravenous and or intramuscular injection of medications in vitamins administration. The patient agrees to fill out a fully disclosed medical history prior to the procedure herein consented to. Having read the above, I acknowledge that all procedures contemplated and consented to have been fully explained and I fully understand the nature, scope and potential risk of the procedure I am consenting to and fully accept responsibility for any and all results of the said procedure.

Privacy

I further acknowledge that any information provided by me to Hyatt Health is being provided solely for the purpose of Hyatt Health's internal records and under no circumstance is it deemed to be given to any third party for solicitation and or advertising. I further consent that should I need emergent care I give my permission for Hyatt Health to disclose my medical history to an emergency care provider.

Consent

I hereby consent to Hyatt Health and its employees performing the procedure of _____ Intravenous hydration _____ Intramuscular injection

I hereby consent Hyatt Health taking photographs of both me before, during and after the procedures being undertaken by Hyatt Health and the request of myself. It is further understood, acknowledged and herein authorized for Hyatt Health to use photographs for the purpose of compiling an album of its various current and past clients to show prospective clients, including but not limited to uploads to social media platforms such as but not limited to Instagram, Facebook and to be included in educational course materials, the procedures completed by Hyatt Health in its normal course of business I also consent to Hyatt Health sending their companies promotional emails and or text messages. If I do not wish for Hyatt Health to use said photographs in its perspective client photo album or on social media then I shall expressively state so by completing agreement below and I therefore acknowledge and consent to Hyatt Health retaining said photograph solely for its own files and internal use and development and monitoring of all services provided.

I hereby state that I do not wish for Hyatt Health to take photographs of me before, during or after procedures to be used in any social media platforms for perspective clients. _____ Patient Initials to decline photographs

I hereby want but I have read this agreement carefully, understand its terms and conditions, acknowledge that I will be waiving certain legal rights by signing (including the rights of the minor, my spouse, children, parents, guardians, errors and next of kin and any illegal personal relatives, executors, administrators, successors and assigns), acknowledge that I have signed this agreement freely and voluntarily without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms conditions and provisions of this agreement. Disagreement shall be deemed to have been made in accordance with the laws of the state of Texas, New Mexico, and Oklahoma. If any provisions shall be deemed servable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

Patient name (Print)_____ Signature_____ Date

_____ (If minor) Parent

name_____Signature_____ Date _____