

CLIENT DISCLOSURE, DISCLAIMER & LIABILITY WAIVER

IMPORTANT NOTICE

Please read this document carefully. By signing, you acknowledge that you understand and accept the risks associated with participation and agree to the terms outlined below.

GENERAL DISCLAIMER

The information provided and products offered are for educational and wellness purposes only and are not intended to diagnose, treat, cure, or prevent any disease. Peptides and related compounds provided are not FDA-approved medications for the treatment of medical conditions. Participation is voluntary and provided at the client's request.

MEDICAL NON-ADVICE STATEMENT

No medical advice, diagnosis, or treatment is being provided. Services and products offered do not replace care from a licensed physician, pharmacist, or other qualified healthcare professional. No guarantees are made regarding effectiveness or results. Clients are advised to consult a licensed healthcare provider prior to use.

ASSUMPTION OF RISK

I understand that the use of peptides and injectable wellness compounds may involve known and unknown risks, including but not limited to adverse reactions, side effects, discomfort, infection, improper response, or lack of desired outcome. I voluntarily assume all risks associated with use.

LIMITATION OF LIABILITY

To the fullest extent permitted by law, I agree that the provider, its owners, employees, contractors, and affiliates shall not be held liable for any direct, indirect, incidental, or consequential damages arising from the use or misuse of products provided. Use is entirely at my own risk.

NO GUARANTEE / NO REFUND POLICY

I understand that results are not guaranteed. All sales are final. No refunds are provided once products are prepared or dispensed.

CLIENT ACKNOWLEDGMENT & WAIVER OF LIABILITY

By signing below, I acknowledge and agree that:

1. I am 18 years of age or older and legally capable of consenting.
2. I understand the products provided are not FDA-approved medications.

3. I acknowledge that no medical advice has been given.
4. I have been encouraged to consult a licensed healthcare provider.
5. I voluntarily assume all risks associated with participation.
6. I agree to follow provided instructions and accept responsibility for misuse.
7. I release and waive any claims against the provider arising from participation.
8. This waiver applies to current and future services unless revoked in writing.
9. My participation is voluntary, and I may discontinue at any time.

GOVERNING LAW

This agreement shall be governed by and interpreted in accordance with the laws of the state in which services are provided.

CLIENT CONFIRMATION

Client Full Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Staff Initials: _____ Date Received: _____