



## River Girl Mobile Hydration Wellness PLLC Liability Waiver

Completion of this waiver applies to all Hydration Wellness Treatments and Programs, as well as all River Girl Events. (One waiver per client participant)

Please initial each box, print, sign and date where indicated.

### CONSENT TO DISCLAIMER

I hereby acknowledge the services provided by River Girl Mobile Hydration Wellness PLLC, have not been evaluated by the Food & Drug Administration of the USA. I acknowledge the services offered are not intended to diagnose, treat, cure or prevent any disease. I acknowledge education provided regarding River Girl Mobile Hydration Wellness PLLC therapies, services and events is not medical advice. I further acknowledge I have been informed to always consult with my physician before beginning any alternative therapy.

### INDEMNIFICATION

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury or health condition from or related to my receiving and willingly participation in River Girl Mobile Hydration Wellness PLLC intravenous infusions, injections, wellness events or activities of any kind.

### WAIVER OF LIABILITY

I, for myself, my family, successors, and assigns hereby forever release, waive, discharge, and covenant not to sue River Girl Mobil Hydration Wellness PLLC, its board of directors, board members, officers, agents, servants, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to any River Girl Mobile Hydration Wellness PLLC, while participating in any activity.

Client Full Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_