



Indemnification Clause

I agree to indemnify, defend, protect, and hold harmless the medical providers employed by **EVOLVE Wellness & Aesthetics** and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against, and in respect of all liabilities, losses, claims, damages, judgments, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by **EVOLVE Wellness & Aesthetics**; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, the medical providers employed by **EVOLVE Wellness & Aesthetics**; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by **EVOLVE Wellness & Aesthetics**; I am aware of the potential side effects associated with weight loss therapy, accept all the risks involved in taking the medication, and will not seek indemnification or damages from the indemnified parties.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.
