



Vitality Weight Loss Center

903 N. Washington Blvd. Ogden, Utah 84404

Indemnification Clause

I, _____, agree to indemnify, defend, protect, and hold harmless the medical providers employed by Monette Parry FNP/Vitality Weight Loss Center LLC; and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, 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 Monette Parry FNP/Vitality Weight Loss Center; 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 Monette Parry FNP/Vitality Weight Loss Center LLC; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by Monette Parry FNP/Vitality Weight Loss Center LLC. I am aware of the potential side effects associated with weight loss medications and hormone replacement therapy provided by Monette Parry FNP/Vitality Weight Loss Center LLC, accept all the risks involved with IV infusion and injectable therapies, and will not seek indemnification or damages from the indemnified parties.

By signing, I certify that I have read and understand the contents of this form. I understand that I may experience side effects and drug interactions and have given my consent for treatment. I have informed the staff of any known allergies to drug or other substances, and any past adverse reactions or applicable personal or family histories. I have experienced. I have informed the staff of all medications and supplements I am currently taking. I understand there are other ways and other programs that can assist me in my desire to decrease my body weight and acknowledge that no guarantees have been made to me concerning my results.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____