

Indemnification Clause

I, _____, agree to indemnify, defend, protect, and hold harmless the medical providers employed by Phoenix Vitality & Weight Loss, Mendi Nixon, AAPRN, and their respective officers, directors, employees, stockholders, assignees, 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 Mendi Nixon, AAPRN, Phoenix Vitality & Weight Loss; 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 Mendi Nixon, AAPRN, Phoenix Vitality & WEight Loss; harm or injury resulting from medical care, supplemts, self-administered injections or pharmaceuticals provided directly or indirectly by the medical providers employed by Mendi Nixon, AAPRN, Phoenix Vitality & Weight Loss; 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.

Printed
Name: _____

Signature: _____ Date: _____

Witness Printed Name:

Witness: _____ Date: _____