

Tri-Immune Boost Consent Form

This injection contains Vitamin C, Zinc and The master antioxidant Glutathione. These premium-quality compounds can help improve immunity, assist with liver detox, and promote optimal wellness. It is normal to experience some irritation at the injection site due to the pH of the ingredients. Lidocaine (a numbing agent) is used to increase patient comfort. As with all medications, oral or injectable, results may vary, are temporary, and regular dosing is necessary.

By signing this form and on behalf of myself, my heirs, executors, administrators and assignees, I agree to hereby release, forever discharge and hold harmless the entity doing business as **Drenched Hydration Beauty + Wellness LLC** and the respective owners, officers, directors, employees, agents, representatives, governing bodies, advising committees, and subcontractors of the entity doing business as **Drenched Hydration Beauty + Wellness LLC** as well as the company and/or companies sponsoring this event and their agents, representatives, employees, successors, and assignees from any and all liability, claims, demands, actions, causes of action, injury or damage which may result from receiving a Tri-Immune shot administered by the entity doing business as **Drenched Hydration Beauty + Wellness LLC**. I understand that **Drenched Hydration Beauty + Wellness LLC** makes no claim or guarantee that I will experience any benefit from vitamin, mineral, or amino acids injections. **Drenched Hydration Beauty + Wellness LLC** does not guarantee results. I understand that individual results will vary.

Drenched Hydration Beauty + Wellness LLC is not an insurance provider for Medicare or any private insurance company. Therefore, I understand that **Drenched Hydration Beauty + Wellness LLC** will not bill my health insurance for this procedure. This is a cash pay service.

I _____ have read this form and understand and comprehend its contents. After reading and understanding the benefits and risks of this injection and the contents of this form in its entirety, I consent to receive a Tri-Immune Boost Injection from the entity doing business as **Drenched Hydration Beauty + Wellness LLC** now and in the future. I also understand that if I am a female and become pregnant or start breastfeeding in the future, it is my responsibility to make **Drenched Hydration Beauty + Wellness LLC** aware of the change in status. I further realize that I cannot receive the Tri-Immune Boost Injection if I am pregnant or breastfeeding. I understand that the confidentiality of this information will be maintained within legal limits.

Patient Signature: _____ Date: _____

Drenched Hydration
BEAUTY + WELLNESS