



Ketamine Infusion waiver and release of liability form

I _____ HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH THIS KETAMINE INFUSION TREATMENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I do not suffer from any medical condition that would make my participation in this treatment ineffective or harmful, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this treatment. I acknowledge that this treatment waiver and release of liability form will be used by the event holders, sponsors, and organizers of the treatment in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this treatment, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows.

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter occur to me including my traveling to and from this treatment. THE FOLLOWING ENTITIES OR PERSONS: West Michigan Ketamine Clinics, LLC (WMKC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) I acknowledge that WMKC and their directors, officers, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific treatment on their behalf as this treatment has not yet been FDA approved and the methods and uses thereof for the treatment of mood disorders and/or pain syndromes is still being formulated and researched. I acknowledge that this treatment may involve a test of a person's physical and mental limits and carries the treatment response expected as each individual responds differently. The risks include but are not limited to, those cause by condition of participants, equipment, lack of hydration, unknown medical conditions, and actions of other people including but not limited to participants, volunteers, monitors, and/or producers of the treatment. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury accident and/or illness during this treatment. The accident waiver and release of liability form shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature -or-
Parent/legal gaurdian

Date