



LAST CALL MOBILE IV, PLLC

INFORMED CONSENT, ASSUMPTION OF RISK, RELEASE FROM LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT.

This Agreement is between the undersigned consumer, the undersigned provider, and Last Call Mobile IV, PLLC.

I _____ hereby consent to receive the luxury mobile hydration service circled below, hereinafter "the Selected Service," and do authorize _____ acting as the employee and/or agent of Last Call Mobile IV, PLLC, hereinafter "the Service Provider" to administer the selected service.

Place Holder for Service Options.

_____ I understand that contraindications for receiving the selected service may include but are not limited to: high blood pressure, myasthenia gravis, kidney failure, end-stage kidney disease, bleeding and/or clotting disorders, and heart disease.

_____ I confirm that I have been candid with the Service Provider in revealing any condition that may influence this procedure, and have informed the Service Provider of my medical history, over-the-counter and prescription medications, and other relevant healthcare and/or lifestyle choices.

_____ After discussion with the Service Provider I understand that receipt of the selected service at this time is purely elective and not medically necessary. I can choose not to receive the selected service and will not be charged.

_____ In consideration for receiving the selected service, I agree to provide payment in accordance with the payment policy. Further, I agree to all of the provisions described on page 2 of this Agreement, which include: (1) ASSUMPTION OF THE RISK, (2) RELEASE FROM LIABILITY, (3) COVENANT NOT TO SUE, (4) INDEMNIFICATION AND HOLD HARMLESS, and (5) LIMITATION OF WARRANTY.

By signing below, I certify that I have read, understand, and agree to all of the above provisions and have read and agree to this Agreement in its entirety (3 Pages).



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Printed Name

Signature

Date

(1) ASSUMPTION OF RISK. I understand and acknowledge that receiving IV fluids carries some risk including but not limited to: Thrombophlebitis, Phlebitis, Deep Vein Thrombosis, Bruising, Allergic Reaction, Hematoma, Air Embolism, Extravascular Drug Administration, Intra-arterial Injection, Infection, Hypervolemia, Cellulitis, Occlusion, Sepsis, Speed Shock, Pressure Injury, Skin damage, Scars, Nerve Damage, Pain, Needle Stick Injury, IV Misplacement, Dislodgement, Catheter Embolism, Circulatory Overload. I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED as a result of receiving selected service from Last Call Mobile IV, PLLC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT of the Service Provider, Last Call Mobile IV, PLLC, and/or any supervising physician including but not limited to equipment malfunction from whatever cause, inadequate training, product defects, non-sterile environment, or any other act or omission of the Service Provider, Last Call Mobile IV, PLLC, and/or any supervising physician.

(2) RELEASE FROM LIABILITY. I hereby release and discharge the Service Provider, Last Call Mobile IV, PLLC, and any supervising physician from any and all liability, claims, demands, or causes of action that I may hereafter have for injuries or damages arising out of my receipt of services provided by Last Call Mobile IV, PLLC, even if caused by negligence or other act or omission by the Service Provider, Last Call Mobile IV, PLLC and/or any supervising physician.

(3) COVENANT NOT TO SUE. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Service Provider, Last Call Mobile IV, PLLC, and/or any supervising physician for injuries, damages, or other losses sustained as a result of my receipt of the selected service.

(4) INDEMNIFICATION AND HOLD HARMLESS. I also agree to INDEMNIFY AND HOLD HARMLESS the Service Provider, Last Call Mobile IV, PLLC, and/or any supervising physician from all claims, and costs, including but not limited to attorney fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my receipt of services provided by Last Call Mobile IV, PLLC.

(5) LIMITATION OF WARRANTY. The Service Provider, Last Call Mobile IV, PLLC, and/or any supervising physician make no warranty of efficacy of the received service.

Last Call Mobile IV, PLLC agrees to provide the selected service utilizing the prevailing national standard. I further acknowledge that I have been given the option to do nothing at no cost to me. I am giving my informed consent and choosing, of my own free will to receive the selected service provided by Last Call Mobile IV, PLLC. I understand this service is purely elective, and not medically necessary. By signing below, I certify that I have read, understand, and agree to all of the above provisions and have read and agree to this agreement in its entirety. (3 Pages).

Printed Name

Signature

Date



LAST CALL MOBILE IV, PLLC

INFORMED CONSENT, ASSUMPTION OF RISK, RELEASE FROM LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT.

PAYMENT POLICY

I acknowledge, understand, and agree that:

- (1) I have been given the option to do nothing, at no cost.
- (2) I am giving my informed consent and choosing, of my own free will to receive the selected service from Last Call Mobile IV, PLLC.
- (3) I will pay at the time of service.
- (4) By providing credit or debit card information and receiving service, I authorize Last Call Mobile IV, PLLC to charge my card at the time of service. Further, I agree to pay all amounts charged pursuant to this Agreement in accordance with the issuing bank cardholder agreement. I agree that Last Call Mobile IV, PLLC may charge my card for this service at a later date.

If any part of this Agreement (3 Pages) is deemed unenforceable, the remainder of this Agreement shall be enforceable.

By signing below I certify that I have read, understand, and agree to all of the above provisions and have read and agree to this Agreement in its entirety. (3 Pages).

Printed Name	Signature	Date
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Printed Name of Provider	Signature	Date
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