

## AM MEDICAL LLC

### Internal Medicine - Integrative Medicine

#### AM Medical LLC

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### WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **Exculpatory Clause:** In consideration for receiving permission to participate in any and all activities of medical treatment by AM Medical LLC, Dr. Ana Mihalcea, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes AM Medical LLC and their members, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this medical treatment/activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.
2. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
3. **Indemnity Clause:** I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to sensitivity reactions, allergic treatment reactions, and I choose to voluntarily participate in this medical treatment/activity with full knowledge of possible side effects.
4. **Medical Authorization, Indemnity for Medical Expenses and Waiver:** I understand RELEASEES cannot be expected to control all of the risks associated with this medical treatment/activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

**VOLUNTARY SIGNATURE.** In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Patient Signature (Guardian): \_\_\_\_\_

Printed Name: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_