



Indemnification Clause

I, _____, agree to indemnify, defend, protect, and hold harmless the medical providers employed by **Medivive Telehealth Services**; and their respective officers, directors, employees, stockholders, assigns, successors, and affiliates (Indemnified Parties) from, against, and in respect of all liabilities, losses, claims, damages, judgments, settlement payments, deficiencies, penalties, fines, interest, and costs/expenses suffered, sustained, incurred, or paid by the Indemnified Parties in connection with or arising out of, directly or indirectly:

- The medical providers employed by **Medivive Telehealth Services** rendering medical care, services, advice, and/or treatment.
- My failure to disclose all relevant information regarding my medical and physical condition.
- Any acts or omissions by the medical providers employed by **Medivive Telehealth Services**.
- Harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by **Medivive Telehealth Services**.

I am aware of the potential side effects associated with the therapies offered, and I accept all risks involved with IV infusions, hormone replacement therapy, and injectable therapies. I will not seek indemnification or damages from the Indemnified Parties.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____