



Indemnification Clause

I, _____, agree to indemnify, defend, protect, and hold harmless the medical providers employed by (Katherine Adelufosi APRN/ Zola Vitality Spa LLC); and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by (Katherine Adelufosi APRN); rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, the medical providers employed by (Katherine Adelufosi APRN); harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by (Katherine Adelufosi APRN). I am aware of the potential side effects associated with IV infusion and injectable therapies provided by (Zola Vitality Spa LLC), accept all the risks involved with IV infusion and injectable therapies, and will not seek indemnification or damages from the indemnified parties.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____