

ShapeFast

Weight Loss Center LLC.

(301)390-4404 Main

(301)390-4973 Fax

HCG Weight Loss Client Agreement

I, _____, Understand that I am voluntarily participating in a weight loss program involving behavioral modification, dieting and daily self HCG injections. I understand that the results are not guaranteed and may vary. I also understand risks are present, although they may be minor, including swelling, mild headache, and bruising at the injection site, etc.

Participation Waiver

ShapeFast Weight Loss Center LLC. And its staff, clinicians and/or physicians are not responsible for treatment of any medical condition disclosed by me or any abnormal lab reports. I agree to seek medical treatment for any identified medical problems with my primary care provider of choice. I also understand that risks are present although they may be minor, including mild headache, swelling, and bruising at the injection site, etc. I agree to hold harmless:

Dr. William S. Vaughn III, M.D., clinicians and staff of ShapeFast for any adverse events that should occur while under participation in this program.

Signed _____ Date _____

Witness _____ Date _____

Medical Acknowledgment

I, _____ understand that my patient _____

Is voluntarily participating in a weight loss program involving glycemic index monitoring, behavioral modification, and injection of HCG. I have full knowledge of their physical health and state the he/she is able to participate in this program. I understand that occasionally lab work drawn in my office will be used to aid in monitoring the status of my patient and I will be informed of my patients progress only at his/her request. I also understand that neither my office, nor I will be held responsible for any adverse reactions or events related to participation in this program.

Signed _____ MD/ NP/PA Date _____