



## **Legal Disclaimer**

I hereby give my consent to the nurses at IV Pro Therapy Clinic to provide the specific treatment I have requested in the form of intravenous vitamin drips (IV). I am aware that all forms of treatment including IV Therapy may have unforeseen risks and there is always a possibility of an adverse reaction. I am aware of the advantages and risks associated with receiving IV drips and do so at my own risk.

I have been truthful in answering all questions related to my health and general well-being, and I do not hold IV Pro Therapy Clinic liable for any complications that may arise from the chosen IV Therapy received.

## **Limitation of liability**

The client and / or the signatory agree that IV Pro Therapy Clinic will not be liable for any and all claims arising directly or indirectly from any injury or harm of whatsoever nature suffered by the client and / or the signatory, however caused, proved against IV Therapy and any of its directors or employees for loss or damage, including consequential damage, or expenses suffered or incurred by the client and / or the signatory.

By affixing his/her signature hereto, the client and/or signatory confirms that he/she does so willingly and without any duress of any nature and confirms furthermore that he/she agrees to these terms and conditions and that no misrepresentation regarding the content hereof has been made by IV Pro Therapy or any of its employees.

## **POPIA Compliance**

By completing this client information and consent form you the undersigned hereby acknowledge and consent that IV Pro Therapy may collect, hold, organise, store, use and administer personal information of the individual for the purpose of enabling IV Pro Therapy to affect the service provided to you on our operating system, and send communication in the form of SMS, WhatsApp, Email. I understand that I can amend or withdraw this consent at any time. My personal information may be used for the administration and enforcement of any applicable laws.