

**Alpha-Links Inc**  
**d/b/a Alphaslinks Infusion and Hydration Therapy Services**  
**Indemnification Clause**

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I, \_\_\_\_\_, agree to indemnify, defend, protect, and hold harmless the medical providers employed by Alpha-Links Inc d/b/a Alphaslinks Infusion and Hydration therapy 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, 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 Alpha-Links Inc d/b/a Alphaslinks Infusion and Hydration therapy services 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 Alpha-Links Inc d/b/a Alphaslinks Infusion and Hydration therapy services harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by Alpha-Links Inc d/b/a Alphaslinks Infusion and Hydration therapy services I am aware of the potential side effects associated with IV infusion and injectable therapies provided by Alpha-Links Inc d/b/a Alphaslinks Infusion and Hydration therapy services 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: \_\_\_\_\_