

LONGEVITY



MEDICAL CLINIC™

Feel Younger · Live Better

STATEMENT OF RELEASE LIABILITY

I, Timothy Jobson understand that I am beginning a program that is unconventional. I have been given a copy of the Federal Food and Drug administration's approved package inserts for each of the prescription drugs used in the program. I have read the possible adverse effects listed in these documents. I have discussed the risks with the doctor, and accept such risks freely. I agree to release the Longevity Medical Clinic, its owners and employees from any and all liability arising out of my treatment in this clinic. I freely accept all risks associated with this treatment. I hold the above entities totally harmless for any and all adverse effects arising from my treatments. This release shall be binding on my heirs, assigns and myself. I also verify the above statements are true.

Timothy Jobson

Patient Signature

Timothy Jobson

Patient Printed Name

6/29/2020

Date

[Signature]

LMC Representative Signature

Veronica McGinnis

LMC Representative Printed Name

10/29/2020

Date