REBEL MED NW · Naturopathic & Integrative Medicine

Peptide Therapy — Assumption of Risk, Release & Agreement

5401 Leary Ave NW, Suite 202, Seattle, WA 98107 · 206-297-6013

Patient name: _____ Date of birth: _____

Date: _____

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS REGARDING THE INHERENT RISKS AND NON-NEGLIGENT OUTCOMES OF AN ELECTIVE, INVESTIGATIONAL THERAPY.

1. Background and acknowledgments

I have chosen to receive peptide therapy from Rebel Med NW and its providers, staff, and contractors (together, the "Clinic"). I acknowledge each of the following:

- I have received, read, and understood the Informed Consent for Peptide Therapy and the peptide-specific patient guide(s) for every peptide prescribed to me, and my questions have been answered to my satisfaction.
- I understand that the peptide(s) prescribed to me are either not FDA-approved for any use, or are FDA-approved for a different condition and are being used off-label; that compounded peptides are not reviewed by FDA for safety, effectiveness, or quality; and that for many peptides there are no controlled human trials and no long-term human safety data.
- I understand this therapy is elective — it is my choice, made for my own goals, and reasonable alternatives (including FDA-approved treatments and no treatment) were offered to me.

Patient initials: _____

2. Express and voluntary assumption of inherent risks

Knowing the above, I freely and voluntarily choose to proceed, and I expressly assume all risks inherent in peptide therapy, whether or not listed here, including but not limited to:

- Injection-site reactions, infection, bruising, and injury from self-administration;
- Allergic and immune reactions, up to and including anaphylaxis;
- Contamination, impurity, or potency variation inherent in compounded or research-stage products;
- Hormonal and metabolic effects, including blood-sugar changes and IGF-1 elevation;
- Theoretical promotion of tumor growth through growth-signaling or blood-vessel-forming pathways;
- The failure of the therapy to produce any benefit whatsoever;
- Consequences for athletic eligibility, employment, or military service arising from anti-doping or drug-testing rules; and
- Presently unknown risks — effects on my health, fertility, or long-term wellbeing that medical science has not yet identified.

I understand these risks can occur even when the therapy is prescribed, compounded, and administered properly and with reasonable care.

Patient initials: _____

3. Release and covenant not to sue (non-negligent outcomes)

In consideration of the Clinic's willingness to provide this elective therapy, I — for myself and my heirs, representatives, and assigns — release, discharge, and covenant not to sue the Clinic for any claim, loss, or injury arising from the inherent risks identified or referred to in this Agreement, or from the failure of the therapy to achieve any particular result, where the Clinic has exercised reasonable care. This release applies to outcomes of the therapy itself — not to the quality of the Clinic's conduct.

This is not a release of negligence. Nothing in this Agreement releases, waives, or limits any claim arising from negligence, gross negligence, recklessness, or willful misconduct by the Clinic, or any right that cannot be waived under Washington law. I understand Washington law does not permit a healthcare provider to obtain a pre-treatment waiver of its own negligence, and this Agreement does not attempt to do so.

Patient initials: _____

4. No guarantee; no reliance

No promise or guarantee has been made to me about results. I am not relying on any advertisement, website, social-media content, testimonial, or statement outside my direct discussions with my provider and the written materials given to me.

Patient initials: _____

5. My conduct

I agree to use the therapy only as prescribed and only for myself; not to share, sell, or transfer any medication or supplies; to follow storage, sterile-technique, and sharps-disposal instructions; to keep monitoring appointments and labs; and to notify the Clinic of side effects, health changes, or pregnancy. I accept responsibility for consequences that result from my failure to follow these instructions or from my use of products obtained outside the Clinic's prescribed source.

Patient initials: _____

6. Financial responsibility

Peptide therapy is self-pay. I accept responsibility for all costs of the medication, supplies, visits, and monitoring, and I understand insurance will not be billed and reimbursement is unlikely.

Patient initials: _____

7. General terms

- Severability: If any part of this Agreement is held unenforceable, the remainder stays in full force, and any unenforceable part is to be modified only to the extent required by law.
- Governing law and venue: This Agreement is governed by the laws of the State of Washington; any dispute will be brought in the state or federal courts located in King County, Washington.
- Entire agreement: This Agreement, together with the Informed Consent for Peptide Therapy and the patient guide(s), is the complete agreement about the subjects it covers. It continues to apply to each course of peptide therapy I receive from the Clinic unless I revoke it in writing going forward or sign a replacement.

Patient initials: _____

8. Signature

I HAVE READ THIS ENTIRE AGREEMENT AND THE INFORMED CONSENT FOR PEPTIDE THERAPY. I UNDERSTAND THAT I AM ASSUMING THE INHERENT RISKS OF AN INVESTIGATIONAL, NON-FDA-APPROVED OR OFF-LABEL THERAPY AND RELEASING CLAIMS ARISING FROM THOSE INHERENT

RISKS AND FROM NON-NEGLIGENT OUTCOMES. I SIGN VOLUNTARILY, WITHOUT PRESSURE, AND WITH MY QUESTIONS ANSWERED.

_____

Patient signature Date: _____

_____

Legal representative (if applicable) — authority: _____ Date: _____

_____

Witness (clinic staff) Date: _____

_____

Provider signature Date: _____

Template prepared August 2026 for Rebel Med NW (Seattle, WA). For clinical use after review by a Washington-licensed healthcare attorney. Drafted to operate as an express assumption of inherent risks and release of non-negligent outcomes consistent with Washington law (see Shorter v. Drury; Vodopest v. MacGregor); it deliberately does not purport to waive negligence claims, which Washington law prohibits.