



HCG Informed Consent

HCG is a prescription medication used by BODY FOCUS in its weight loss program.

With any drug there is the possibility of an allergic reaction or unusual reaction that may cause skin rash, or difficulty breathing.

HCG is virtually free of negative side effects, but because you must follow a very low calorie, low fat diet that can sometimes trigger a gallbladder attack in individuals who are genetically pre-disposed to gallbladder disease.

Your medication will be discontinued if there is a severe adverse reaction.

I understand that the program and medications may involve risk. I understand that there are no refunds, returns or store credit for medication and that there is no weight loss guarantee with our program. I have read and understand the information given to me about the medications. I have asked and had answered any questions that I may have after reading this form. I understand the possible side-effects and agree to advise BODY FOCUS should they occur. I understand that I may quit the program at any time. I agree to stop the HCG if I become pregnant and agree to advise BODY FOCUS should I decide to become pregnant. No adverse side effects or complications are expected, but in the event that an illness does occur, I understand that I need to contact BODY FOCUS.

If I experience an emergency situation, I understand that I need to go to an emergency facility. I acknowledge that I am responsible for my own health and I release BODY FOCUS and its officers, employees, and agents from any and all claims, liabilities, or damages for personal injuries which I may suffer directly or indirectly resulting from my participation in the Program.

HCG is **not** FDA approved for weight loss. The FDA requires the following statement; "HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets."

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INFORMATION ABOVE, HAVE HAD YOUR QUESTIONS ANSWERED, HAVE HAD POTENTIAL SIDE EFFECTS EXPLAINED, HAVE BEEN SPECIFICALLY INFORMED HOW TO STORE PELLETS/INJECTIONS, AND AGREE TO NOTIFY BODY FOCUS OF ANY CHANGE IN YOUR HEALTH STATUS.

*** I acknowledge that Body Focus will not refund or be responsible for NEGLIGENCE lost, stolen, broken, mishandled, misplaced bottles or delivery errors from pharmacy. Therefore, I relieve Body Focus/Manufacturer of any future liability. I can purchase a replacement bottle of HCG at the original cost.**

_____ Initials

_____ Name (PLEASE PRINT)

_____ Signature

_____ Date