



Wellness Living Inc  
15560 N.E. 5<sup>th</sup> CT, N. Miami Beach Florida 33162

### **Waiver Form**

I, \_\_\_\_\_, understand and acknowledge that I am being admitted to a post-operative short stay facility for the purpose of recovering from a medical procedure. I understand that this facility is equipped to provide limited medical care and monitoring during my stay.

I acknowledge that in the event of any changes in my condition that fall outside of the facility's capacity to manage, I will be transported back to the hospital for further evaluation and treatment. I understand that this may involve additional medical costs and transportation fees.

I hereby release and discharge the facility, its employees, and affiliated medical personnel from any liability for any injuries or complications that may arise during my stay at the Wellness Living Inc., including those that require transfer back to the hospital.

I have read and understand the terms of this waiver form and voluntarily agree to its provisions.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_