



Sermorelin Therapy – Florida Informed Consent & Waiver

I, _____, acknowledge and understand that Sermorelin is a synthetic peptide that mimics Growth Hormone-Releasing Hormone (GHRH) and is prescribed to stimulate the body's natural production of human growth hormone (HGH). I understand that Sermorelin is prescribed as a compounded medication for off-label use in adults and is not approved by the U.S. Food and Drug Administration (FDA) for this specific use in the same manner as commercially manufactured drugs. I acknowledge that Sermorelin therapy is voluntary, that individual results may vary, and that no representations, warranties, or guarantees have been made regarding outcomes. I understand that Sermorelin is administered via subcutaneous self-injection at home, and I confirm that I have received instruction regarding proper dosing, administration technique, storage, and disposal.

I understand that potential benefits may include improvements in energy, sleep quality, body composition, recovery, skin health, and overall wellness; however, such benefits are not guaranteed. I acknowledge the potential risks and side effects, which may include injection-site reactions, headache, dizziness, nausea, flushing, taste changes, or, in rare cases, allergic reactions requiring immediate medical attention. I confirm that I have truthfully disclosed all relevant medical history, current medications and supplements, allergies, and pregnancy or breastfeeding status, and understand that failure to do so may increase risk and limit provider responsibility. I voluntarily consent to receive Sermorelin therapy and understand that I may discontinue treatment at any time. To the fullest extent permitted under Florida law, I agree to release, indemnify, and hold harmless Elite Drip, its medical providers, employees, contractors, and affiliates from any and all claims or liability arising from my participation in Sermorelin therapy.

I have read this Consent, Waiver, Assumption of Risk and Release of Liability, fully understand its terms, understand that I give up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant Signature

Participant Printed Name

Date