

**Advanced Urgent Care
Ivermectin Prophylactic Therapy Waiver and Release of Liability**

I have decided to use Ivermectin in connection with the treatment of, or the potential avoidance of, risks associated with COVID-19.

Advanced Urgent Care Health Providers have advised me of the risks associated with contracting COVID-19 and that the Food & Drug Administration (FDA) has not approved the use of Ivermectin for use in the treatment or prevention of COVID-19 outside of clinical trials.

I have been made aware that the National Institute of Health (NIH) holds the position of "being neither for nor against the use of Ivermectin in treatment of COVID-19" and thereby any decision regarding use of Ivermectin for this purpose shall be based upon the mutual consent between a patient and their physician.

In addition, the healthcare providers at Advanced Urgent Care (AUC) have informed me of the currently approved uses for Ivermectin, as well as the side effects and contraindications related to the use of Ivermectin.

DO NOT USE IVERMECTIN IF YOU ARE PREGNANT, MIGHT BE PREGNANT, OR MAY BECOME PREGNANT. IF YOU MISSED A MENSTRUAL CYCLE, STOP TAKING IVERMECTIN UNTIL YOUR PREGNANCY STATUS IS DETERMINED. IN SOME STUDIES USE IN LABORATORY ANIMALS AT HIGH DOSAGES HAS BEEN ASSOCIATED WITH OCCASIONAL BIRTH DEFECTS.

I acknowledge having received, or having declined to receive, a list of side effects, information relative to the contemporary public information regarding the off-label use of Ivermectin in connection with COVID-19, including related studies or references relative to the use of this medication for COVID-19.

Furthermore, I understand that there may be health risks to me from oral ingestion of Ivermectin.

After considering the risks of injury while participating in the off-label use of Ivermectin, herein known as the Ivermectin Prophylaxis Protocol (IPP), and in consideration for the right to participate in the program, I hereby, for myself, my heirs, executors, administrators, assigns or personal representatives do knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever, including but not limited to claims of negligence or medical malpractice, arising out of my participation in the IPP.

I do hereby release and forever discharge Dr. Bruce L Boros and BRUCE L. BOROS, M.D., P.A. d/b/a Advanced Urgent Care of the Florida Keys, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns from any and all claims I may have, including but not limited to negligence and/or medical malpractice, arising from the off-label use of Ivermectin.

I FURTHER AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DR. BRUCE L BOROS AND BRUCE L. BOROS M.D., P.A. D/B/A ADVANCED URGENT CARE OF THE FLORIDA KEYS, AND THEIR EMPLOYEES AND AGENTS.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Dr. Bruce L Boros, BRUCE L. BOROS, M.D., P.A. d/b/a Advanced Urgent Care of the Florida Keys for PERSONAL INJURY.

IN THE EVENT THAT I SHOULD REQUIRE MEDICAL CARE OR TREATMENT OF ANY TYPE THAT MAY OR MAY NOT RELATE TO THE IPP, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL COSTS INCURRED AS A RESULT OF SUCH TREATMENT. I AM AWARE AND UNDERSTAND THAT I SHOULD CARRY MY OWN HEALTH INSURANCE.

I VOLUNTARILY GIVE MY PERMISSION TO BE BOUND BY THIS WAIVER AND RELEASE OF LIABILITY.

Participant Signature: _____

Participant Name (PRINT): _____

Date: _____