

## Lab/Blood Collection Consent Form

**I. THE PARTIES.** This consent form ("Form") made on date: \_\_\_\_\_, by and between: (your name) \_\_\_\_\_ with a mailing address of \_\_\_\_\_ ("Consenter") hereby consents and gives permission to:

**II. Releasee:** PBJ Medical Associates, LLC with a mailing address of 628 Maitland Ave, Altamonte Springs, FL 32701 ("Releasee") to perform the following acts mentioned herein:

**III. PERMISSABLE ACTS.** The Releasee has the unrestricted authority to perform the following acts: ☐ Draw Blood for testing purposes

**IV. TERM.** The permissible acts shall be allowed to be performed by the Releasee until: (check one)

- ☐ - **A Specific Date.** Until the date of \_\_\_\_\_.
- ☐ - **Until the Consenter Cancels.** (The Consenter revokes this Form).
- ☐ - **Other.** \_\_\_\_\_.

**V. DISCLOSURE.** The Consenter agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

**Consenter's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_