

## **Waiver Agreement**

**Dentist's Company Name:** \_\_\_\_\_

I understand that I am fully responsible for my actions and their consequences. I will hold neither Second Chance at Life, Inc., nor any of its officers, employees, volunteers, agents or any other person or persons responsible or liable for any injury to myself or damage to my personal/professional image/property while posting my contact information with Second Chance at Life, Inc.'s website. I understand this contact information on [www.secondchanceatlife.org](http://www.secondchanceatlife.org) website regarding the dental contact information is for pre-transplant patients for a reference.

I do hereby release and forever discharge Second Chance at Life, Inc. with my signature below from any claim whatsoever which arise or may hereafter arise in connection with my activities with Second Chance at Life, Inc. or [www.secondchanceatlife.org](http://www.secondchanceatlife.org).

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Signature

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Date