

Medical Procedure Liability Waiver

This Medical Procedure Liability Waiver (â€œWaiverâ€) is entered into by the undersigned participant (â€œParticipantâ€) in relation to the medical procedure described below. By signing this document, the Participant acknowledges and agrees to the terms and conditions stipulated herein.

Participant Information

Name: _____

Date of Birth: _____

Contact Number: _____

Medical Procedure Details

Procedure Name: _____

Date of Procedure: _____

Provider/Facility: _____

Assumption of Risk

I, the Participant, acknowledge that I have voluntarily elected to undergo the above-listed medical procedure, and I fully understand the nature of the procedure, including potential risks, complications, and possible side effects.

Release of Liability

I hereby waive, release, acquit, and forever discharge the medical facility, its staff, officers, affiliates, and agents from any and all liabilities, claims, demands, actions, or causes of action arising from or related to the procedure, except in cases of proven gross negligence or willful misconduct.

Disclosure and Consent

I confirm that all my questions regarding the procedure have been answered to my satisfaction and that I have disclosed all relevant medical history. I freely give my informed consent to participate and accept personal responsibility for the outcome.

Emergency Contact

Name: _____

Relationship: _____

Contact Number: _____

Participant Signature: _____

Date: _____

Important Notes

- This waiver does not excuse providers from gross negligence or intentional harm.
- Read and understand all risks and terms before signing.
- Consult a legal professional if you have any concerns about your rights.
- Keep a signed copy for your records.
- This document is for general use and may require modification to comply with local laws or specific procedures.