

Release and Waiver Form Sample for Medical Treatment

Use this **Release and Waiver Form** sample to ensure clear consent and protection before medical treatment. It outlines the patient's acknowledgment of risks and agreement to waive liability. This form is essential for safeguarding healthcare providers and maintaining transparent communication.

Release and Waiver of Liability

I, , hereby acknowledge that I have voluntarily chosen to receive medical treatment from .

1. Acknowledgment of Risks

I understand and acknowledge that medical treatment involves certain inherent risks, including but not limited to side effects, complications, or adverse outcomes. The treatment and potential alternatives have been explained to me to my satisfaction.

2. Release of Liability

I voluntarily assume all risks associated with the medical care provided. I agree to hold harmless and release and its staff from any and all claims, liability, or damages arising out of or in connection with my medical treatment, except in cases of gross negligence or willful misconduct.

3. Consent

I confirm that all my questions regarding the procedure/treatment have been answered. I have read and understand the terms of this waiver and voluntarily accept them.

4. Patient Information and Signature

Signature:

Date:

Guardian Name (if patient is a minor):

Guardian Signature:

Provider/Staff Name:

Provider/Staff Signature:

Date: