

# Liability Waiver Form Sample for Medical Procedures

A **liability waiver form** for medical procedures is a crucial document that protects healthcare providers by obtaining patient consent and acknowledging potential risks. It ensures clear communication of responsibilities and helps prevent legal disputes. Using a well-structured sample form enhances both patient safety and provider protection.

## Sample Liability Waiver Form for Medical Procedures

Patient Information

Full Name:

Date of Birth:

Address:

Procedure Information

Type of Procedure:

Date of Procedure:

Acknowledgement and Waiver

I, the undersigned, acknowledge that I have been informed about the nature and purpose of the medical procedure described above, including potential risks, complications, and alternatives. I understand that the practice of medicine is not an exact science and that no guarantees have been made concerning the outcome or result of this procedure.

I voluntarily consent to the procedure and agree to release and hold harmless the healthcare provider, its affiliates, agents, and employees from any and all liability or claims that may arise as a result of the procedure, except for gross negligence or willful misconduct.

☐ **I have read and understood the above information, and I voluntarily give my consent.**

Signatures

Patient Signature:

Date:

Healthcare Provider Signature:

Date:

Submit