

Release of Liability Waiver Form for Medical Procedures

A **release of liability waiver form** for medical procedures ensures that patients acknowledge the potential risks involved and agree not to hold the healthcare provider responsible. This document is essential for both patient safety awareness and legal protection. Using a clear and concise waiver form sample can streamline the consent process.

Sample Release of Liability Waiver Form

Patient Information

Full Name:

Date of Birth:

Procedure:

Release of Liability

I, the undersigned, hereby acknowledge that I have been fully informed about the medical procedure described above, including its nature, purpose, potential risks, and expected outcomes. I understand that, as with any medical procedure, there are risks involved, including but not limited to complications, side effects, or adverse reactions.

By signing this form, I voluntarily agree to proceed with the procedure and hereby release and discharge the healthcare provider, clinic, and any affiliated staff from any and all liability, claims, or causes of action arising from or related to this procedure, except in cases of gross negligence or willful misconduct.

I confirm that I have had the opportunity to ask questions and that all my questions have been answered to my satisfaction. I understand that I am free to withdraw my consent at any time prior to the procedure.

Consent & Signature

Patient Signature:

Date:

For Healthcare Provider Use Only

Provider Signature:

Date:

Submit