Waiver and Release of Liability

Read Before Signing

In consideration of being sent out to do temporary or permanent placements at dental offices or clinics, I, the undersigned, acknowledge , appreciate, and agree that:

1. Providing dental services, either directly or indirectly, includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, hepatitis, HIV, and COVID-19. While particular protocol , PPE and personal discipline may reduce the risk, the risk of serious illness and death does exist
2. The risk of injury, illness and possible death from providing these services is significant.
3. I knowingly and Freely Assume All Such Risks, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation and services.
4. I willingly agree to comply with the stated and customary terms and conditions of placement. If, however, I observe any unusual significant hazard during my presence and participation, I will remove myself from participation and bring such to the attention of Den-Tech Auxiliaries immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DEN-TECH AUXILIARIES (an S Corp.) and Christine Pavlick-Yenshaw R.D.H.,WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or placement, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELESEE OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign and Date ----- Return White Copy -----Keep Yellow Copy

Den-Tech Auxiliaries …. 70 Pin Oak Dr. Jim Thorpe, Pa. 18229

570-325-4075 …. © 610-462-4308