

Healthcare Release of Liability Template

Participant Information

Full Name:

Date of Birth:

Address:

Release of Liability

I, the undersigned, hereby release and discharge [Healthcare Provider/Facility Name], its agents, employees, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me while participating in, receiving, or being present for medical treatment or healthcare services.

I understand that my participation is voluntary, and I assume full responsibility for any risks, whether foreseen or unforeseen, associated with my participation in the healthcare services provided by [Healthcare Provider/Facility Name].

This release shall be binding upon me, my heirs, legal representatives, and assigns.

Consent

I acknowledge that I have read and fully understand the terms of this Release of Liability. I am signing this document voluntarily and of my own free will.

Participant Signature:

Date:

Witness/Representative Signature:

Date:
