

Waiver Form

I will take part in the Decision for Dentistry Program at RSDM. While taking part in the Program I will do my best to act carefully and responsibly. I will follow all instructions given to me and obey the policies of RSDM. If I feel I cannot continue to take part in or I am aware of a danger to me or to others, I will not delay to inform a RSDM supervisor. At the same time, if possible, I will take proper steps to reduce this possible danger. I am not aware of any reason why I could not/should not take part in the Program. I will not be an employee of RSDM. I will not receive payment, compensation or employee benefits.

I hereby release and waive, on behalf of myself, my family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may occur to me, arising out of or related to my participating in this Program. I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of my participation in the Program.

Signature/Date

Name (Printed)

Parent or Guardian Signature/Date

Parent or Guardian Name (Printed)

(if applicable)

If I have any questions about this form, I will contact the Program Assistant, Ms. Maritza Camacho at (973) 972-1645 to have them answered.