



WAIVER OF LIABILITY

This agreement releases Little Medical School, from all liability relating to injuries that may occur by using a stethoscope. By signing this agreement, I agree to hold Little Medical School, entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in using a stethoscope. These include but are not limited to ear infections, blown ear drums, wrapping stethoscope around neck, and yanking of stethoscope causing injury. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Little Medical School, for any reason. In return, I will receive a stethoscope. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Name of child using the stethoscope: _____

Parent/Guardian signature here: _____