

**DENTAL LABORATORY/DENTIST**  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for performing dental laboratory services and other valuable consideration, and in consideration of the fact that the dental laboratory services are being provided on our premises for our convenience and the convenience of our patient(s), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE ROE Dental Laboratory (hereinafter referred to as RELEASEES) 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 our practices dental patients relative to onsite interaction with a representative of the dental laboratory during Chairside services, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
  
2. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that RELEASEES may incur due to participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
  
3. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Ohio.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Witness