



## Release of Liability Waiver

By my distributing Blaine Labs personalized labeled products, I accept full responsibility for any customer returns, refunds, or damaged goods that may occur from a patient(s) use of personalized labeled product(s).

I understand that I am relinquishing the right to pursue legal action against the manufacturer, Blaine Labs, should harm or damages arise to patient(s) from improper use of personalized labeled product(s).

I further acknowledge that all personalized labeled products created, manufactured, or distributed by Blaine Labs are offered on these above conditions.

Physician Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_