



# Acknowledgment in Connection with the Miracle-Ear® Trade-In Program

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STORE

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ADDRESS

I wish to participate in the Miracle-Ear Trade-In Program whereby I can receive a discount on a new Miracle-Ear® hearing aid at the above referenced Miracle-Ear® location in exchange for the forfeiture by me of my previously owned hearing aid.

I acknowledge that after I trade in my previously owned hearing aid at time of delivery of my new aid(s), there is no guarantee that it can be returned after I purchase my new Miracle-Ear® hearing aid through the trade-in program. I waive any claim that I might have against the above referenced Miracle-Ear location, my Miracle-Ear® representative, Miracle-Ear, Inc., and the corporate affiliates, employees, officers and directors of Miracle-Ear, Inc. as a result of their failure to return my previously owned hearing aid.

I have read and understand this acknowledgment. A copy of this acknowledgment shall be deemed an original.

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PRINTED NAME OF CUSTOMER

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SIGNATURE OF CUSTOMER

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DATE