



## ALTAMEDICA INCORPORATED

### Manila Office:

Rm 410 Manila Astral Tower  
1330 Taft Avenue cor. Padre Faura St.  
Ermita, Manila, Philippines 1000  
Telefax No.: +63 2 5671105  
Phone No.: +63 2 6660280  
E-mail: [info@altamedica.com.ph](mailto:info@altamedica.com.ph)

### Iloilo Office:

2nd Floor Masonic Temple,  
JM Basa St., Iloilo City  
Philippines 5000  
Telefax No.: +63 33 508 0208  
Phone No.: +63 33 333 1769  
Mobile No.: +63 922 872 5268

Website: [www.altamedica.com.ph](http://www.altamedica.com.ph)

# INSTALLATION WAIVER FORM

UPON SIGNING THIS DOCUMENT, I AM FREELY ADMITTING THAT,

I AM FULLY AWARE AND UNDERSTAND THE RISK OF LOSS, LIABILITY, DAMAGE OR COST OF NOT FOLLOWING THE INSTALLATION REQUIREMENT OF:

EQUIPMENT: \_\_\_\_\_ BRAND: \_\_\_\_\_

MODEL: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

, AND I UNDERSTAND THAT ANY AND ALL DAMAGES THAT MAY OCCUR IS NOT A RESULT OF ANY NEGLIGENCE ON THE PART OF ALTAMEDICA INCORPORATED.

\_\_\_\_\_  
(NAME AND SIGNATURE)

\_\_\_\_\_  
(COMPANY)

\_\_\_\_\_  
(DATE)



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