**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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NAME AND SIGNATURE) (COMPANY) (DATE)