

## DISCHARGE OF LIABILITY

Last name: \_\_\_\_\_ (block letters)

First name: \_\_\_\_\_ (block letters)

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

\_\_\_\_\_

I, \_\_\_\_\_, exempt APDA and all persons working for the organization from all responsibilities. I acknowledge that there is **no guarantee** on the recycled hearing aids and the assistive devices that I had been given.

It is my sole responsibility to look after my devices and I will not be able to hold the organization responsible in case of my devices' breakage.

I also take into account that APDA is committed to keep my data confidential and to store it in a safe place.

\_\_\_\_\_

Signed on \_\_\_\_\_ (date)

By this signature, I affirm that I have read and approved this discharge of liability.

Read and approved by \_\_\_\_\_ (your signature)

Read and approved by \_\_\_\_\_ (organization representative's signature)