Tracheostomy Repair Liability Release

Of my own volition, I ______, hereby release from any and all liability including but not limited to physical damage and/or accidental death, resulting in any way from the repair and/or fabrication of tracheostomy components, as performed by Jeffrey Herman of Herman Silver Restoration.

Signature		Date	2
Print Name			
Address	City	State	Zip

Please e-mail or snail-mail this release to:

Jeffrey Herman 24 Rolling Green Ln. West Warwick, RI 02893 hermansilver.com jeff@hermansilver.com 401/461-6840