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I understand and agree that these materials shall become the property of Comprehensive Women's Care of Paramus and will not be returned.

I hereby hold harmless, and release Comprehensive Women's Care of Paramus from all liability, petitions, and causes of action which I my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents meaning and impact of this release.

Signature

Date

Printed Name

Email Address

DOB