



APPLICATION FORM

The Undersigned hereby agrees to the terms of the agreement. The undersigned agrees to pay tuition the amount to be paid indicated above. All tuition deposits and tuition payments are nonrefundable. Switching courses is allowed no less than 3 weeks prior to your original session. Signing below indicates acceptance of all terms of this agreement. The undersigned authorizes The Dúggan Institute of Dentistry to charge the amount indicated above. This agreement and payment will reserve your seat in the class. Students must provide photo identification when they arrive for class.

- All applicants must pay tuition fee within 2 days in order to be confirmed in the class.
- Tuition payments are required to ensure the institute can provide the materials needed for each attending student.

|   |  |                      |  |
|---|--|----------------------|--|
| Student's Name                          |  | Course date          |  |
| Phone Number                            |  | Birthdate            |  |
| Billing Address                         |  | Country              |  |
| Emai Address                            |  | Male /Female         |  |
| Student's Signature                     |  | Right or Left-Handed |  |
| Any Health Issues we should know about? |  |                      |  |

|                   |  |
|-------------------|--|
| Emergency Contact |  |
| Full Name         |  |
| Phone Number      |  |

Which schools are you interested in applying to this CAAPID cycle?

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Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

By signing this document, you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

Fundamental Restorative Dental programs at times this course will be filmed and documented for improving our educational materials. Students' privacy will be protected. There will be minimal video recordings and photographs with students. During the lecture and demonstrations our student's audio questions are of importance to the program. We would like to thank you for aiding in the continual growth of our Institute and future students.

Awareness and Assumption of Risk

I am aware that practicing dental procedures, even on a manikin under nominally controlled conditions, involves risks including risk of personal injury, death, property damage, expense, and related loss, including loss of income. Included in these risks are negligence on the part of The Duggan Institute of Dentistry, its directors, officers, officials and volunteers, other participants, and owners of the facilities where the activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense, and related loss, including loss of income.

Release of Liability, Waiver of Claims and Indemnity Agreement In consideration of The Duggan Institute of Dentistry accepting my application to participate in this activity, I agree:

1. Accepting a seat in our course you are aware of the risks of contracting and or spreading COVID-19 or any flu like viruses.
2. You agree to follow the State of California's rules for safe travel, mask mandates and social distancing.
3. Accept a seat in this class which will be filmed and documented for the purpose of improving educational materials at The Duggan Institute of Dentistry. Privacy protected.
4. To waive any and all claims that I may have in the future against The Duggan Institute of Dentistry.
5. To release The Duggan Institute of Dentistry from any and all liability for any personal injury, death, property damage, expense, and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
6. To hold harmless and indemnify The Duggan Institute of Dentistry from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
7. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators, and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE DUGGAN INSTITUTE OF DENTISTRY.

|                     |  |
|---------------------|--|
| Printed Name        |  |
| Student's Signature |  |
| Signed this date    |  |
| Witness             |  |