

## Waiver of Liability

**RE: Review of adoptive medical records, pictures, videos**

I(we), the undersigned, do hereby release the physicians and any of the staff of the *North Texas International Adoption Clinic* (NTIAC) from any liability with regards to their review and subsequent opinions of adoption records, pictures, videos, or other information provided for interpretation.

I(we) understand that the staff is well trained in pediatric medicine and international adoption issues and that they will make every effort to give an accurate assessment.

I(we) also understand that the records are often difficult to interpret, incomplete, or even false in some cases. The interpreter may request further information or may wish to obtain opinions from other specialists in certain circumstances. I(we) understand that this release of liability extends to the other providers as well.

I(we) realize that the purpose of this record review is to give me(us) as much information as possible so that I(we) can make a more fully informed adoption decision and that this in no way guarantees the outcome of my adoption plan.

\_\_\_\_\_  
Child's Name(from medical records)

\_\_\_\_\_  
Country of child's origin

\_\_\_\_\_  
Signature of Adoptive Parent

\_\_\_\_\_  
Signature of Adoptive Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address of Adoptive Parent(s)