



AMERICAN ACADEMY OF COSMETIC SURGERY

CONSENT/LIABILITY WAIVER

I understand that the AACS will use the provided information for the purposes of review and documentation to achieve Training Program Directorship, and that all materials submitted will remain confidential. Use of this material by the American Academy of Cosmetic Surgery is authorized at their discretion to provide documentation and pertinent information regarding its recognized Training Programs, when such information is appropriately requested, and required, by outside health care professional or licensure agencies.

I hereby release from liability all representatives of the AACS and their staff for their acts performed in good faith without malice in connection with evaluating me and my credentials. I further release from liability all persons who provide information (including otherwise privileged and confidential information) in good faith and without malice to representatives of the AACS and their staff concerning their evaluation of me and my credentials. I further release from liability all representatives of the AACS and their staff who provide information (including otherwise privileged or confidential information) in good faith with or without malice to a representative of any health care or organization of health care professionals concerning my application for the training program.

Date_____ Signature_____