



Fullerton Dental Assistant School

PREGNANCY WAIVER

I hereby acknowledge that Fullerton Dental Assistant School has informed me via this waiver that attendance in any course at a school may provide a risk if I am pregnant. Therefore, if I am pregnant at the time signing this document or become aware that I am pregnant during attendance I must provide written documentation from my doctor that attending the school is safe.

I do hereby release and hold harmless from any legal action or responsibility caused by attending a course at Fullerton Dental Assistant School based on a current or future pregnancy.

Printed Name of Student _____

Signature of Student _____

Date Signed _____