

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-PR-009-F086	
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WAIVER

KNOW TO ALL MEN BY THESE PRESENT:

That I, _____, the
 _____ of _____ (Name)
 _____ (Relation)
 patient _____, with Prison Number _____, hereby absolve
 the BUREAU OF CORRECTIONS and officer from any form of liability relative to any expenses
 which may be incurred during the hospitalization at _____ -
 _____ (HOSPITAL)

In addition, it is understood that DISCHARGE FROM the hospital where my relative is confined means the FULL settlement of the hospital bills for your confinement DISCHARGE ORDER from the attending physician does automatically mean DISCHARGE from the hospital, only when there is full settlement of our hospital bills and any accounts related to our confinement and a clearance from the billing section are we considered DISCHARGED.

I further undertake that I assume full responsibility in paying any or all bills incidental thereto.

I also certify that I have read fully understood the contents hereof and that the same has been executed voluntarily on my part.

IN WITNESS WHEREOF, I have hereto set my hand this _____ day of _____, 2017 at Muntinlupa City, Metro Manila.

 WITNESS: