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by the United States Food and Drug Administration (FDA). Consequently, the undersigned agree that the safe and effective use of the Devices is solely the responsibility of the undersigned and that the undersigned expressly assumes all risk for any damage or injury by any person arising out of or related to the use of the Devices by any person.

The undersigned further agrees not to sell or to transfer any of the Devices to anyone else without the express written consent of an authorized representative of Marquette University and, upon the discontinuation of the use of any of the Devices, or the failure of any of the Devices to continue to operate cost or expense.

Minor Child(ren) Authorized to Use Device: _____

Signed this _____ day of _____, 20__.

NAME (signature)