

# REGISTRANT HANDPIECE AGREEMENT AND LIABILITY WAIVER

---

Between

Schulich School of Medicine & Dentistry (University)

And

“Registrant”

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## I. PURPOSE

This Agreement governs the use of personal dental handpieces by the Registrant during the Bench Test in the Simulation Clinic at Western University.

## II. EQUIPMENT COMPATIBILITY

The Simulation Clinic dental units are calibrated for the following equipment:

**High-Speed Motor: W&H TG-98LW SYNEA (#30202001) Slow-**

**Speed Motor: W&H MOTOR AM-25 RM (#30108000)**

Use of equipment outside these specifications may result in improper function or damage.

## III. LIABILITY

The Registrant assumes full responsibility for any damage, malfunction, or loss of personal equipment brought into the Simulation Clinic. Western University does not assume responsibility for such occurrences.

## IV. DISCLAIMER

THE UNIVERSITY DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES ASSOCIATED WITH THE USE OF PERSONAL EQUIPMENT, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.

## V. INDEMNIFICATION

The Registrant agrees to indemnify, defend, and hold Western University, its faculty, staff, and affiliates harmless from any claims, damages, or expenses arising from the use of personal equipment.

## VI. ACKNOWLEDGMENT AND SIGNATURE

By signing below, the Registrant confirms that they have read, understood, and agree to the terms stated above.

Registrant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_