

RELEASE

I/We have read the International Adoption Center Pre-Adoption Consultation Form and fully understand the information contained herein. All of my/our questions concerning the **PROCESS AND ITS LIMITATIONS** have been answered to our satisfaction.

I/We realize that a brief medical history and/or video can, at best, only identify grossly obvious medical or developmental strengths or weaknesses in a child. In no way can they be used to accurately predict emotional, behavioral/cognitive abilities and future health to any degree of medical certainty. Therefore, I/We agree to indemnify and hold harmless Dr. Staat, The International Adoption Center, CCHMC, its agents, employees, volunteers and anyone who participated in the evaluation of the child, from any injury, damages, expense or costs of any nature or kind resulting from outcomes in this child which would not have been predicted from this limited medical history and/or video.

Parent: _____	Date: _____
Parent: _____	Date: _____

Please fax your signed Release form to Barbee Sjödahl @ 513-636-6936 and call her at 513-636-2877 (option 2) with credit card payment, or mail your signed Release form with a check to:

IAC at CCHMC
3333 Burnet Avenue, MLC 7036
Cincinnati, OH 45229-3039

<u>For International Adoption Center use only:</u>	
Witness:	
_____	Date: _____
<input type="checkbox"/> Not present	