EXHIBIT C-WAIVER AND RELEASE

WAIVER OF LIABILITY, ASSUMPTION OF RISK and INDEMNITY AGREEMENT

American College of Physicians, Inc. (the "Sponsor")

Re: Point of Care Ultrasound Mentorship Program to be held on May 7 – October 31, 2027 (the "Event Date").

NOTICE. Diagnostic ultrasound has been in use since the late 1950s. There are no confirmed adverse biological effects on patients resulting from this usage. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following known: When examinations will be carried out for purposes of training, ultrasound exposures will be as low as reasonably achievable (ALARA) within the goals of the training.

WAIVER. I on behalf of myself, my heirs, executors, administrators and assigns, knowingly, voluntarily, and expressly; do hereby release, waive, and forever discharge the Sponsor and its employees, members, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns, and all others acting on their behalf (collectively, the "Releasees"), of and from any and all responsibilities, liability, and claims, (collectively, the "Claims"), with respect to any injuries, loss or damage, or harm to myself or my property reasonably known and associated with acting as a specialized patient and having an ultrasound performed on me by practitioners and students learning to use the ultrasound technology and directly associated with my participation in the Session.

ASSUMPTION OF RISKS. Participation in the Session, Event, and/or its activities carries with it certain inherent risks that have been disclosed to me or are reasonably associate with my participation in the Session. I acknowledge that my participation in the Session may include activities that may result in minor pain, bruising, or other minor injuries. I also I acknowledge that my participation in the Session may result in my learning about certain healthcare conditions I may have that I do not know about prior to my participation in the event. Knowing these risks, I agree to participate at my own risk, and I hereby agree to expressly assume and accept all the risk of minor injuries of the sort described here, which may be associated with such participation. I further understand and acknowledge that the Sponsor does not carry or maintain health, medical or disability insurance coverage for me and therefore I agree to assume responsibility for such insurance coverage for myself.

I HEREBY ACKNOWLEDGE THAT I AM I AM FREELY SIGNING THIS AGEEMENT. I FURTHER ACNKOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING AND AGREE TO BE BOUND THEREBY.

Signed this _____day of _____, 2027

Participant Signature:

Name:_____

Address:_____

Phone/Fax/E-mail: _____

Signature of Parent or Guardian (if under 18 years of age)

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