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*Patient Discharge Waiver*

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The SurgiCenter's Discharge Policy states (i) a family member or friend must drive me home; (ii) a responsible person must be present with me for a period of twenty-four hours following my discharge; and (iii) if the SurgiCenter becomes aware that I am driving myself home, in violation of the Discharge Policy and despite signing this Waiver, the SurgiCenter may notify the police as it deems necessary for my safety and the safety of others on the road.

For good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, I, my heirs, administrators, successors and assigns hereby FOREVER RELEASE AND DISCHARGE the SurgiCenter, its members, managers, employees, agents, successors and assigns (collectively, the "ASC") from all responsibility and liability regarding my transportation and any failure by me to comply with the Discharge Policy. I agree to indemnify and hold the ASC harmless of and from any and all liabilities, claims, demands, and expenses of any kind related to my transportation or any failure by me to comply with the Discharge Policy.

I ACCEPT THE LIABILITIES AND RISKS RELATED TO MY TRANSPORTATION AND ANY FAILURE BY ME TO COMPLY WITH THE DISCHARGE POLICY.

This Waiver will be governed by, and construed in accordance with, the laws of the State of New Jersey.