



HEALTH HYBRID INC.

Ph: 708-248-5965

FX: 708-300-6360

Hepa Mask Waiver Form

I, _____

have been previously fitted for a Hepa Mask

have not been previously fitted for a Hepa Mask

and I have chosen not be fitted for a mask at Health Hybrid. I further waive Health Hybrid from any responsibility or liability in this manner.

Signed: _____

Date: _____