

Coastal Center for Obesity - Patient Testimonials

TALENT RELEASE

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I agree and acknowledge that this written document constitutes the entire understanding between Coastal Center for Obesity and me, and that no promises or representations of any kind other than as set forth herein have been made by, or on behalf of, Coastal Center for Obesity to me and that I have read and understand this Talent Release. This agreement shall be binding on me, my spouse, children, legal representatives, heirs, successors and assigns.

Signature

Date

Printed Name

Address

Social Security Number

City and State