



LIABILITY WAIVER FORM (UPS, FedEx, and USPS)

Thank you for placing your order with BariatricPal! We try our best to make your purchasing experience with us easy and positive. As such BariatricPal offers our customers the ability to waive delivery signatures for their convenience and the option of sending items to military addresses through the United States Postal Service. These choices require that you complete the waiver below, which will inform you of the risks of bypassing delivery signatures and tracking services for packages.

We must receive this requested information before we can ship your order.

Types of Service:

- UPS / FedEx Services: Waive the requirement of a signature upon delivery. BariatricPal will choose the most economical carrier to your destination unless you have notified us previously to use a preferred carrier.
- USPS can ONLY be used to deliver to military destinations: Army Post Office (APO), Fleet Post Office (FPO) and Diplomat Post Office (DPO). This service will NOT supply tracking to a final military postal destination, therefore, I will accept BariatricPal's internal drop-off records to USPS as a proof of shipping. This method will also delay shipment of my item by a few business days.

_____ **Customer Initials**

_____ **Today's Date**

Customer Information:

Name: _____ Order number: _____

Address: _____ Apt. Suite #: _____

City (APO, FDO, DPO): _____ State (AA, AE, AP): _____ Zip: _____

Phone Number: _____ Email: _____

I understand that BariatricPal does not recommend waiving the requirement of a signature upon delivery. I also acknowledge that if I choose to have my order shipped via USPS that tracking to the final military destination is not available. In either case, I assume the responsibility for the loss of any and all items during their delivery or afterwards and expressly waive any claim that I might otherwise have against BariatricPal or its selected carrier for failure to deliver my order. Furthermore, I expressly acknowledge and agree that the records of the carrier responsible for the delivery of the order, or BariatricPal's internal drop-off receipts to the local USPS office, shall be conclusive proof of whether or not delivery has been made.

_____ **X Customer Signature**

_____ **Today's Date**

ID Requirements:

- 1) Verify credit card used on this order by completing the info to the right.
- 2) Copy of photo ID. BLOCK OUT ID numbers but ID must show your Picture and billing address. *This verifies your name / photo.

Mastercard

Last 4 digits of Cart #

Visa

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Discover Card

American Express

Exp

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NOW: Fax completed form AND identification items to _____ or email them to hello@PatchAid.com,

subject line: Order # _____ Liability Waiver.

For this request to be valid, you must receive an e-mail confirmation of a phone call from a Customer Service Representative that your waiver has been received in time and applied to your order. Please allow up to two (2) business days to receive confirmation of receipt.

