

**Exhibit A**

**Faculty Release/Indemnification Agreement**

I, \_\_\_\_\_, in consideration of being a faculty member in the AAID MaxiCourse® program in \_\_\_\_\_ and for other good and valuable consideration, and for my heirs, executors and assigns, hereby release the American Academy of Implant Dentistry (AAID) from any and all liability arising out of my participation in the program. I further agree to indemnify, defend, and hold the AAID and its respective officers, directors, employees, agents, and representatives harmless from and against any loss, liability, damages, costs, claim, penalty, interest or expense (including attorneys' fees and costs), or claims for personal injuries arising out or in connection with my participation as a faculty member in the AAID MaxiCourse® program.

IN WITNESS WHEREOF, the undersigned has executed this Agreement as of the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_