

**GOOD LUCK. WE LOOK FORWARD TO SEEING YOU AT THE COURSE.**

**North Carolina  
Association of Hearing Care Professionals**

**P.O. Box 405 Hickory, NC 28603  
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Dear Course Participant:

The North Carolina Association of Hearing Care Professionals (the "Association") a nonprofit North Carolina Corporation, is offering the review course (the "Course") to assist you in preparing for the licensing examination to be administered by the North Carolina State Hearing Aid Dealers and Fitters Board (the "Board"). The information presented through lectures and in distributed materials during the sessions of the Course is provided to supplement the study materials you have received through the Board course and to furnish you with a broad base of information for your reference. The sole purpose of the Course is to aid you in your studies. Unfortunately, the Association cannot guarantee that you will pass the licensing examination.

As a condition for your enrollment in the Course, you and your Sponsor of Record agree to save and hold harmless the Association, its officers, directors, shareholders, employees, and agents from and against any and all claims of every kind or nature arising from the Course. Please sign on the line below to indicate your agreement and obtain the signature of your Sponsor of Record to indicate his or her agreement.

NORTH CAROLINA ASSOCIATION OF  
HEARING CARE PROFESSIONALS

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

Agreed to by:

Course Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor of Record: \_\_\_\_\_ Date: \_\_\_\_\_