



Delta Doctors Program

Waiver of Liquidated Damages Clause Requirement

_____ (Employer) and _____
(Physician) hereby agree to waive the Liquidated Damages Clause required by Delta Regional Authority (DRA) as set forth in the Delta Regional Authority J-1 Visa Waiver Program Affidavit and Agreement.

DRA takes no position with respect to the inclusion of any other clause mandating consequential or liquidated damages being paid to the employer.

Physician's Signature

Employer's Signature

Date

Date