

Office 416-467-3097

DISCLAIMER

Date	Time
Name of Service Provider	
MCIS Assignment # (if applicable)	
From	
	Name of Interpreter
То	
	ised representative of Service Provider
As an interpreter working for MCIS, I with the National Standards Guide fo	am required to abide by its Code of Ethics and to comply or Community Interpreting.
the aforementioned standard, I assur deletions or any other consequence of	Il outside the scope of my prescribed duties as described in me no liability for any errors, omissions, additions, or any damages that result there-from, to any of the ation assignment or to any parties associated with them.
I make this disclaimer of my free will	and volition.
Dated thisday of	year
Witness	
Signature	
Name	
Address	
Copies for Service Provider and MCIS Kindly forward the MCIS copy to vm@mcis.on.ca	

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