

Medical Waiver, Release of Liability, Indemnification and Consent Form

Return a clearly scanned PDF of signed form to trips@poetice.org

Since Poetice is a non-profit organization, and in the nature of the case does not and cannot assume responsibility in case of sickness and/or accidents involving voluntary participants;

Now, therefore, I, the undersigned, being over 18 years of age, desire to voluntarily participate in the program, do undertake to provide for my financial needs and support, and acknowledge that I am not an employee, servant or agent of Poetice, and as a volunteer, do not want to burden the said organization with any responsibility for sickness, disease, accidents, or other mishaps, serious bodily injury, permanent disability or death (whether or not caused in the whole or in part by the negligence of the misconduct of the organization or individual mentioned above) and understand that I must make my own provision for such eventualities, release Poetice and any and all of their departments, segments, officers, agents, and employees from all claims and demands in connection with my participation in or attendance upon said short-term missions program. This agreement is binding upon the heirs, executors, and assigns of the persons signing this form.

I, the undersigned, also hereby agree that, in the event of any accident, sudden illness, or medical emergency involving myself in connection with a Poetice Trip/Event, I hereby authorize leadership and staff examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services. I also hereby take full responsibility for obtaining the immunizations recommended by Poetice, understanding that I am solely responsible to obtain said immunizations. I confirm that all information on this form is correct to the best of my knowledge.

I also give permission to Poetice and their assigns, licensees and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms of media and in all manner, including electronic media and/or composite representations, for advertising, trade, or any lawful purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

Invalidity/Unenforceability: If any provision of this form is held to be invalid or unenforceable, this form shall be construed as if such invalid or unenforceable provision was not contained herein.

I have carefully read this waiver, release of liability, indemnification and consent. I understand that by signing this agreement I am giving away substantial rights, and I am indicating that I fully understand, agree to and accept all of its provisions.

Clearly Printed Name of Volunteer

Signature of Volunteer

Date

Witness (witness must be over 18)

Date

Parent/Legal Guardian signature (for volunteers under 18)

Date