Clayton Dabney for Kids with Cancer Liability Release and Indemnification Agreement

officers, directors	, employees and agents (collectively referred to as "CD"), to fulfill a request for the
	tient":
Please describe tl	ne request in further detail below:
	
	
The Patient and t	he following persons have requested that CD allow them to participate in the Request: (If the request is for financial assistance, the portion below may be left blank.)
Participant #1	(9
Participant #3	
Participant #5	
Participant #6	
(The Patient and the	ese named persons are collectively called the "Participants"). The parent(s) or legal guardian(s) of any
minor Participants ho	ive signed below to bind themselves, their minor children, and their heirs, successors, assigns and estates to

The Patient's and/or his or her parent(s) or legal guardian(s) herein grant CD:

the conditions described in this Liability Release & Indemnification Agreement.

- Permission to obtain all medical information about the Patient which CD may determine necessary in connection with its consideration of this Request; and
- Further authorize all physicians and medical care providers, including ______ (Name of Patient's primary physician), to provide CD with requested medical information regarding the Patient.

Patient and his/her parent(s)/legal guardian(s) acknowledge and agree that CD may elect not to grant the Request based on medical and/or any other information whatsoever. In the event that the Request, or a modified form thereof, is granted by CD, Patient and his/her parent(s)/legal guardian(s) acknowledge and agree that fulfilling the Request is a gift made by CD.

The Participants understand that involvement and participation in the Request may involve risk of injury or harm to the Participants and agree this risk is fully assumed by the Participants. In addition, and in consideration of CD considering and/or granting the Request or a modified form thereof, the Participants hereby fully release and discharge, and indemnify and hold harmless, CD from any and all claims, liability, damages, suits and expenses (including reasonable attorney fees) of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment or participation in the Request or any modified form thereof; this includes, but is not limited to, any issue with transportation, food, lodging, medical conditions, both physical and emotional, entertainment, photographs, accidental injury, and death. THE INDEMNITY SET FORTH ABOVE SHALL APPLY NOTWITHSTANDING ANY ALLEGED OR PROVEN NEGLIGENCE ON CDF'S PART IN CONNECTION THEREWITH. THE INTENT OF THIS SENTENCE IS TO PROVIDE FOR AND PRESERVE APPLICATION OF SUCH INDEMNITY IN ACCORDANCE WITH ITS LITERAL TERMS. For purposes of this paragraph, the parties indemnified and insured shall include CD, its officers, directors, volunteers, agents and employees.

Each of the Participants acknowledges reading and understanding this LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT prior to signing it, and each acknowledges that he or she has had the opportunity to have this Agreement reviewed by an attorney. Should this document be read aloud to or translated for any Participant unable to read it themselves, this Agreement shall also be signed by the individual reading aloud and/or translating this Agreement for any Participant to evidence such act and the Participant's understanding. For any minor Participants, the signature of their parent(s) or guardian is made both on behalf of the parent or guardian and on behalf of the minor. Each of the Participants agrees that no modification of this Release has been made orally or in writing and this Agreement accurately and fully expresses the understanding of each of the Participants. Should any Court declare any part, term, or provision of this Agreement invalid, void, or unenforceable, all remaining terms, parts, and provisions will remain in full force and effect.

Date	
	Signature of Participant or Participant's Parent or Guardian
	Printed Name of Participant or Participant Parent or Guardian
Date	Signature of Participant or Participant's Parent or Guardian
	Printed Name of Participant or Participant Parent or Guardian
Date	Signature of Participant or Participant's Parent or Guardian
	Printed Name of Participant or Participant Parent or Guardian
Date	Signature of Participant or Participant's Parent or Guardian
	Printed Name of Participant or Participant Parent or Guardian
Date	Signature of Participant or Participant's Parent or Guardian
lf a translator is used, please see below:	Printed Name of Participant or Participant Parent or Guardian
Date	Signature of Individual Reading Aloud for or Translating for Participant
	Printed Name of Individual Reading Aloud for or Translating for Participant
Date	Signature of Individual Reading Aloud for or Translating for Participant
	Printed Name of Individual Reading Aloud for or Translating for Participant

Clayton Dabney Liability and Indemnification Release Form – 06/18/2018 Submit completed application to: lauren@claytondabney.org or via efax to (888) 374-0131