



Medical Waiver, Release of Liability, Indemnification, and Consent Form

(Upload a clearly scanned PDF of this signed form to the online form)

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

Now, therefore, I, the undersigned, being over 18 years of age, desire to participate in the program voluntarily, 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 part by the negligence of the misconduct of the organization or individual mentioned above)* and understand that I must make my provision for such eventualities. I release Poetice and all their departments, segments, officers, agents, and employees from all claims and demands concerning 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 an 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 for obtaining said immunizations. I confirm that all information on this form is correct to the best of my knowledge.

I also permit Poetice and their assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait, or photograph in all forms of media and all manner, including electronic media and/or composite representations, for advertising, trade, or any lawful purposes. I waive any right to inspect or approve the finished product, including any 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 medical waiver, release of liability, indemnification, and consent form. By signing this agreement, I am giving away substantial rights and indicating that I fully understand, agree to, and accept all of its provisions.

Printed Name of Volunteer

DATE

Signature of Volunteer

DATE

Parent/Legal Guardian signature (for volunteers under 18)

DATE