

**Chosen International Medical Assistance**

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**Release of All Claims and Liability AND Consent to Use Photo and Video for Promotional Materials**

In recognizing that Chosen International Medical Assistance is a non-profit Christian ministry, we request every participant to sign and date the "Release of all Claims and Liabilities" and "Consent for Photo/Video Usage in Promotional Materials" forms. Also, all services from Chosen International Medical Assistance are to assist people in need. Any items received are not to be sold, bartered, traded or used for profit for the purpose of personal or corporate gain.

**Release of All Claims and Liability**

I, (Print your name) \_\_\_\_\_ release Chosen International Medical Assistance, the General Director, Medical Director, any and all other officers of the corporation including the Board of Directors, heirs to the corporate officers and Board, personal representatives, and assigns, do hereby release and forever discharge Chosen International Medical Assistance, and any other persons, firm or corporation donors, charged with responsibility or liability, their heirs, representatives and assigns, from any and all claims, demands, cost, expenses, loss of service, actions, and causes of action, arising from any act or occurrence up to the present time and particularly on account of all personal injury, disability, property damage, loss or damage of any kind that I may hereafter sustain in consequence of any mission project of Chosen International Medical Assistance.

I further acknowledge this release shall apply to all unknown and anticipated injuries and damages resulting from and accident, causality, or event during a mission project.

I further acknowledge Chosen International Medical Assistance and any of its agents or volunteers cannot be held liable or responsible for any accidents which may occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are signing for a minor, please specify relationship to the applicant \_\_\_\_\_

**Each applicant must complete and application and sign a waiver. Parents or guardians should sign for minors.**

**Consent for Photo/Video usage in Promotional Materials**

I hereby give permission to Chosen International Medical Assistance to use photos and videos that should happen to include me for use in promotional materials. This could include, but is not limited to, inclusion in printed material, on-line material such as Facebook, the web-site, digital newsletters, or other promotional videos.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are signing for a minor, please specify relationship to the applicant \_\_\_\_\_