



PATIENT RELEASE & CLINIC WAIVER

By signing this sheet I hereby confirm and am in agreement that I am seeking medical advice, counsel and medicines from volunteer participants who are providing these services free of charge as Good Samaritans. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold International Medical Relief together with their officers, board members, agents, servants, volunteers, representatives and employees, harmless from any and all causes of action arising from my participation in this free clinic. I also agree to allow the release of any videography, media or photography taken of me or my family members.

Signed this _____ day of _____ at _____
(day) (month and year) (clinic location)

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