

WAIVER, RELEASE, AND INDEMNITY

I, _____, understand that Open Arms Patient Advocacy Society (the Society), including any of its Officers, Agents, Volunteers, Directors or Employees are not acting as legal or medical professionals.

I understand that any advice given from any Officer, Agent, Volunteer, Director, or Employee of the Society is based only on experience dealing with other clients.

On behalf of myself and my Executors, Administrators, Heirs, next of Kin, Successors, and Assigns, I, _____, hereby waive, release, and indemnify the Society, its Officers, Agents, Volunteers, Directors or Employees from any and all liabilities and claims.

I have read and understood this Waiver, Release, and Indemnity. I am aware that by signing this agreement, I am waiving my legal rights (on my behalf and on behalf of my Executors, Administrators, Heirs, Next of Kin, Successors and Assigns) including giving up of my rights to sue the Society or any of its Officers, Agents, Volunteers, Directors, or Employees.

I, _____, hereby acknowledge that I have signed this Waiver, Release, and Indemnity freely, voluntarily, and without duress and that I have been provided an opportunity to obtain independent legal advice.

_____(Signature of Client)

Date _____ Print Full Name _____

Address of Client:

