

Medical Release Form

I do hereby release Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident which may occur while I am on the property owned, leased, or under the control of the above, I understand that Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., do NOT have any medical or accident insurance which will cover any costs incurred by me in the event of an accident. I understand that I should provide my own medical and/or accident insurance and coverage.

In witness thereof, I have executed the release on the ____ day of _____, 20____.

Signature _____

Witness _____

Executive Director _____