



ST. YOUSTINA
A PASSION FOR HEALING

School Supply Distribution Application

Event Name: _____ **Date:** ____/____/____

Patient Name: _____ **DOB:** ____/____/____ **Phone #:** (____) _____ - _____

Dependent Information (if applicable):

Name: _____ **DOB:** ____/____/____ **Age:** _____ **M/F:** _____

Name: _____ **DOB:** ____/____/____ **Age:** _____ **M/F:** _____

Name: _____ **DOB:** ____/____/____ **Age:** _____ **M/F:** _____

Name: _____ **DOB:** ____/____/____ **Age:** _____ **M/F:** _____

Name: _____ **DOB:** ____/____/____ **Age:** _____ **M/F:** _____

Media Release:

I, _____ grant permission to Saint Youstina Clinic, hereinafter known as the “Media” to use my image(s) for use in Media publications including: Photos/Videos Social Media General Publications/Newsletter/Magazine Website and/or Affiliates Recruiting Brochures Email Blasts Other _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial below where applicable:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

“The undersigned hereby assumes all risk of injury or harm as a result of the activities specified above and agrees to release, indemnify, defend, and forever discharge the releasee from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, and/or damage from the Saint Youstina “Event” outlined.

Patient and or Parent/Guardian

____/____/____
Date

Saint Youstina Employee (Witness)

____/____/____
Date