



UNITED CANCER SUPPORT FOUNDATION

6700 Baum Drive Suite 8 • Knoxville, TN 37919 Phone: 865-474-1551 E-mail: info@UnitedCSF.org

EMERGENCY CONTACT PERSON OR GUARDIAN (OPTIONAL)	
Contact Name (first, last):	Relationship to patient:
Home phone:	Work phone:

TERMS OF AGREEMENT

1. I hereby declare that the information provided in this form is true and correct.
2. I permit United Cancer Support Foundation to use my submitted personal information for statistical analysis. I understand that all information submitted will be kept strictly confidential and will solely be used for statistical analysis and education.
3. I understand that UCSF will reserve the right for final decision of the application and to decline application without providing any explanation

By Signing my name below, I acknowledge that I have read, understand, and agree to the policies listed above

SIGNATURE	
Participant Signature:	Date:



UNITED CANCER SUPPORT FOUNDATION

Release and Waiver of Liability Form

This Release and Waiver of Liability (the “Release”) executed on _____ (date) by _____ (the “Participant”) releases **United Cancer Support Foundation**, (the “Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Tennessee and each of its directors, officers, employees, and agents.

Participant understands that the Participant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of services provided by the Nonprofit.

1. *Waiver and Release:* I, the Participant, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I receive from Nonprofit.
2. *Insurance:* Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance.
3. *Medical Treatment:* I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Participant with Nonprofit.
4. *Photographic Release:* I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my receiving services from Nonprofit.
5. *Other:* As a Participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
6. *Assumption of the Risk:* I understand that my time in the “Row 2 Recover” program may include activities that may be hazardous to me, including, but not limited to, unloading of equipment and materials, and local transportation to and from sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Nonprofit from all liability for injury, illness, death, or property damage resulting from these activities.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Participant’s Signature

Date