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To complete this form, click the cursor in the "underlined" areas and type in the information or check box. A signature (.jpg, .tiff, .png, etc.) can be inserted/pasted in the signature area.

Email the completed form to margaret.levasseur@gmail.com or mail to Maggie Levasseur, 64 Hendee Road, Andover, CT 06232

In consideration of the humanitarian purposes of Medical Aid to Haiti, Inc., I, _____, do hereby give Medical Aid to Haiti, Inc., their assigns, licensees, successors in interest, and legal representatives, the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and in all media and in all manners, without any restrictions as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the photograph(s), including written copy that may be created and appear in connection therewith. I hereby release and agree to hold harmless Medical aid to Haiti, Inc., their assigns, licensees, successors in interest, and legal representatives from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the photographs, or in any processing tending toward completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity. I agree that Medical Aid to Haiti, Inc., owns the copyright in these photographs, and I hereby waive any claims I may have based on any usage of the photographs, or works derived therefrom, including but not limited to claims either of invasion of privacy or libel. I am competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

This trip only _____ All trips until further notice
Date

Name _____
Address _____
City _____ State _____ Zip Code _____

Signature Date

Witnessed By Date

I am the parent or guardian of the minor, named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name _____
Address _____
City _____ State _____ Zip Code _____

Signature Date

Witnessed By Date