HelpCureHD

MEDICAL INFORMATION RELEASE, WAIVER OF LIABILITY & INDEMNIFICATION
Applicant #1

I, the undersigned, give permission to HelpCureHD Foundation, Athletes and Causes Inc., and the PGT-IVF selection committee and their designated representatives to share among themselves and conduct a comprehensive review of the medical information I provided in connection with my application for financial assistance through the PGT-IVF Grant program. By signing below, I give my permission for my medical information to be reviewed by HelpCureHD, Athletes and Causes Inc., and the selection committee in order to accurately review my PGT-IVF grant application.

I, the undersigned, also hereby: a) waive, release, and discharge Athletes and Causes, Inc., its officers, agents, employees, affiliates, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my/our future child arising out of the HelpCureHD PGT-IVF grant program and/or procedures, and activities preliminary or subsequent thereto; b) indemnify and hold harmless Athletes and Causes, Inc., its officers, agents, employees, affiliates, and volunteers from and against any and all liabilities, damages, claims, demands, losses or causes of action made by other individuals or entities as a result of any of my or my/our future child's involvement in the PGT-IVF Grant Program, and c) assume full responsibility for the risk of bodily injury, death, disability, or property damage to me and my/our future child arising out of or related to the PGT-IVF activities, whether caused by my/our negligence or otherwise.

☐ I understand that I may refuse to sign this authorization and that my refusal to sign will disqualify me and my co-applicant from any grant,

☐ I acknowledge that any and all medical records sent to Athletes and Causes, Inc. will be reviewed by multiple parties for the purpose of the HelpCureHD PGT-IVF grant application.

☐ I hereby authorize the use and disclosure of my protected health information as described above. I authorize Athletes and Causes, Inc. to the protected health information concerning treatment, diagnosis testing and anything else I voluntarily provided.

Applicant Signature _____ Date _____

Printed Name _____ Phone Number _____

HelpCureHD

MEDICAL INFORMATION RELEASE, WAIVER OF LIABILITY & INDEMNIFICATION
Applicant #2

I, the undersigned, give permission to HelpCureHD Foundation, Athletes and Causes Inc., and the PGT-IVF selection committee and their designated representatives to share among themselves and conduct a comprehensive review of the medical information I provided in connection with my application for financial assistance through the PGT-IVF Grant program. By signing below, I give my permission for my medical information to be reviewed by HelpCureHD, Athletes and Causes Inc., and the selection committee in order to accurately review my PGT-IVF grant application.

I, the undersigned, also hereby: a) waive, release, and discharge Athletes and Causes, Inc., its officers, agents, employees, affiliates, and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my/our future child arising out of the HelpCureHD PGT-IVF grant program and/or procedures, and activities preliminary or subsequent thereto; b) indemnify and hold harmless Athletes and Causes, Inc., its officers, agents, employees, affiliates, and volunteers from and against any and all liabilities, damages, claims, demands, losses or causes of action made by other individuals or entities as a result of any of my or my/our future child's involvement in the PGT-IVF Grant Program, and c) assume full responsibility for the risk of bodily injury, death, disability, or property damage to me and my/our future child arising out of or related to the PGT-IVF activities, whether caused by my/our negligence or otherwise.

☐ I understand that I may refuse to sign this authorization and that my refusal to sign will disqualify me and my co-applicant from any grant,

☐ I acknowledge that any and all medical records sent to Athletes and Causes, Inc. will be reviewed by multiple parties for the purpose of the HelpCureHD PGT-IVF grant application.

☐ I hereby authorize the use and disclosure of my protected health information as described above. I authorize Athletes and Causes, Inc. to the protected health information concerning treatment, diagnosis testing and anything else I voluntarily provided.

Applicant Signature _____ Date _____

Printed Name _____ Phone Number _____