



### Release & Waiver

The United Breast Cancer Foundation (“UBCF”) is transferring by donation to \_\_\_\_\_ (“Grantee”) the product identified on Exhibit A bellow (the “Product”). Grantee desires and is accepting this donated Product.

The Product is accepted in “as is” condition. UBCF assumes no responsibility for the Product’s present or future condition. UBCF is not the manufacturer of this Product. State and federal regulations require tags to be placed on the mattress covers. Grantee acknowledges that no representations are being made by UBCF as to the condition or maintenance of the Product.

Grantee states that it has had the opportunity to inspect the Product and that Grantee believes in its sole judgment that the Product is useful and acceptable to the Grantee.

Grantee may not sell, trade, barter or otherwise distribute the Product to any other person or entity. Grantee shall utilize the Product solely for personal use.

Grantee hereby fully releases, absolves and holds harmless UBCF, its, directors, officers, staff or agents for any harm which arises out of the acceptance, use or eventual disposal of the Product. Grantee agrees that the Grantee shall indemnify and hold harmless UBCF, its trustees, directors, officers, administrators, staff or agents against all claims, suits, and all cost, expenses and counsel fees incurred, which are based upon injuries, sickness, disease or death suffered by Grantee or by third parties caused in any manner by the Product, and/or arising in whole or in part from any negligent acts of Grantee, or the Grantee’s agents, employees, directors, or family members in relation to said Product and/or its use. Grantee understands and agrees that once grantee signs this waiver and accepts the donated Product, UBCF is not responsible for the Product or any issues or claims related to the Product, the Grantee or any third party relating to the Product.

Grantee agrees that this release has been voluntarily executed and that the contents have been fully read and understood.

#### GRANTEE

Name Print: \_\_\_\_\_ Date: \_\_\_\_\_

Name Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Exhibit A Donated Product

Item Description

Quantity

Manufacturer Serial Number