



DONATION WAIVER AND RELEASE OF LIABILITY

I, Jeffrey Raup, Strategic Sourcing Manager, as the authorized representative of the Children's Hospital of Philadelphia as the donee of the masks donated from Sino-American Pharmaceutical Professionals Association [SAPA] registered at P.O. Box 282, Nanuet, NY, 10954, agree that as the donee we assume all of the risks and liabilities associated with or arising from the use of the donated masks that may arise from defects of the products, or otherwise, I [on behalf of the donee does hereby irrevocably] waive, release and discharge SAPA, [its officers, directors, agents] and its volunteers and participants all the liabilities. I, on behalf of the donee further hereby agree to indemnify, hold harmless and promise not to sue SAPA, [its officers, directors, agents] and its volunteers for any and all liabilities or claims [related to or arising from] the donated masks, whether caused by the negligence of the donor, or product defects or otherwise, [including without limitation, that (i) the donee shall advance all reasonable legal fees to the donor in the event that the donor or any other aforesaid indemnified party is sued by any party, including the donee, for any matter related to the donated masks, and (ii) the donee shall pay any damage or other liabilities that the donor or any other aforesaid indemnified party may be found liable for in connection with or arising from the donated masks.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I have read [and consented to] the Donation Waiver and Release of Liability [on behalf of [the legal name of the donee]].

Signature:  F7BF55DEE9D14B8...

Date: 4/1/2020 | 7:33 AM EDT