
VIEWING RELEASE

Decedent	First Name	Middle Name	Last Name
Legally Authorized Person	First Name	Middle Name	Last Name

Legally Authorized Person acknowledges that the condition of the Decedent's remains, if viewed, will or may evoke a significant emotional or traumatic reaction. Notwithstanding the condition of the Decedent's remains, Legally Authorized Person requests to view the Decedent's remains.

Legally Authorized Person assumes all liability for and does hereby agree to indemnify, defend and hold harmless Bism Rabbik Foundation, Inc., its owners, affiliates, subsidiaries, its and their officers, directors, employees, agents and assigns from any and all claims, damages, liabilities, losses, costs, expenses or causes of action (including reasonable attorney's fees and expenses of litigation) which are related to the actions taken pursuant to this Authorization, including but limited to, any claim that Legally Authorized Person was not informed prior to the viewing of the Decedent's remains.

_____ Signature of Legally Authorized Person	_____ Date
_____ Signature of Participant	_____ Date
_____ Signature of Participant	_____ Date