

I hereby acknowledge the following details which I have declared:

Invoice Date		Invoice Number(s)	
Invoice Amount		Amount to Declare	
Company Name			
Name of Forwarder			

1. That I purchased from INMED CORPORATION, ("INMED") amounting to a total of Philippine Pesos mentioned above.
2. That I have voluntarily chosen the freight forwarder to be used in the delivery of the products I purchased from INMED and I hereby authorize INMED to transact on my behalf with said freight forwarder to carryout out the delivery process to my shipping address.
3. That all costs related to the shipping of the products I have purchased had been paid to the Forwarder. That I undertake to fully pay all said costs and that INMED has possessory lien over the products I ordered until my full payment of the products therein.
4. That the amount of the products to be declared to the freight forwarder shall be a total of Philippine Pesos as stated above. That in the event of damage, deterioration, and/or total or partial loss of the products, my claim, if any, shall be limited only to the amount declared above in accordance with the terms and conditions of the freight forwarder.
5. That I affirm and agree to unconditionally and voluntarily waive, release, indemnify, hold harmless, and discharge INMED and all its officers and employees and/or their contracted entities from any and all kinds of liability, claims or legal proceedings whatsoever, whether personal to me or to a third party. I further understand that this UNCONDITIONAL RELEASE, WAIVER and QUITCLAIM is binding even to my heirs, assigns and successors-in-interest.
6. I will institute no action of whatever nature (whether civil, criminal, and/or administrative) against INMED and all its officers and employees and/or their contracted entities. Any and all actions which I may have commenced either solely in my name or jointly with other persons before any office, bureau or court, against INMED and its officers and employees and/or their contracted entities are hereby deemed voluntary withdrawn and I will not provide any documentary and/or testimonial evidence to said action(s).
7. That should I violate any of the foregoing undertaking, release, waiver and quitclaim, I shall be liable to INMED for liquidated damages ten times the amount of my total purchase/s without any need of judicial action on the part of INMED. I acknowledge and affirm that I have had read and understand this entire UNCONDITIONAL RELEASE, WAIVER and QUITCLAIM I execute this waiver of liability freely, intelligently, and without duress of any kind and I agree to be unconditionally bound by its terms.

Company Stamp	Name:
	Signature
	Designation: