

PENN MEDICINE PRINCETON HEALTH

GENERAL PUBLICITY CONSENT FORM

I hereby authorize and permit Penn Medicine Princeton Health to take, obtain and make use of photography and publicity of myself. I understand that such photography, interviews and information may be used for inclusion in media reports and in Princeton Health publicity materials and publication. I understand that this will be done without compensation to me.

Information for Marketing/Public Affairs Use Only

Description of photograph or article _____ Department/Division _____

Intended Use _____ Photographer _____

Penn Medicine Princeton Health Representative _____

WAIVER AND RELEASE

As a condition of and in consideration of being permitted to take part in the Kids Marathon offered by Princeton Health, this waiver is signed by me and undertaken by me, rather than at the request Princeton Health.

1. I hereby **release, waive, discharge, hold harmless and agree not to sue** Princeton Health, its employees, trustees, agents and officers, and the owners of the premises (hereinafter referred to as "Releasees") from all liability to the undersigned for any and all loss or damage, and any claim or cause of action therefore on account of injury to my person or property or resulting death, **whether caused by the negligence of the Releasees or otherwise**, due to or resulting from the undersigned's participation in the Princeton Health Kids Marathon at the Educational Testing Service campus located at 660 Rosedale Road in Princeton, New Jersey.
2. I understand and acknowledge that the Releasees do not require Princeton Health employees or any other person to participate in The Princeton Health Kids Marathon and that my participation in The Princeton Health Kids Marathon is voluntary, is not taking place during working hours, and is not being done in the course of my employment by Princeton Health or for the benefit of any Releasee.
3. I acknowledge and understand that the Releasees make no representations or warranties regarding the safety of my participating in The Princeton Health Kids Marathon and that participating in The Princeton Health Kids Marathon involves the risk of bodily injury and/or death. I hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the acts, omissions, or negligence of Releasees, or otherwise, while participating in The Princeton Health Kids Marathon.
4. I further expressly agree that the foregoing waiver is intended to be as broad and inclusive as is permitted by the law of New Jersey. This waiver and release is to be construed according to the laws of New Jersey and, if any portion thereof is held invalid, it is agreed that the remainder continues to have full legal force and effect.
5. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Name: _____

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Date: _____