

PARTICIPATION AND PUBLICITY RELEASE AND WAIVER OF LIABILITY

BASIC INFORMATION

*First name: _____ *Last name: _____

*Street Address: _____ Apt #: _____

*City: _____ *State: _____ *Zip Code: _____

*Cell phone (or best number): (____) _____ Email: _____

*Age: _____ *Birth date: ____ / ____ / ____ (Must be 18 years of age or older to participate)

Ethnicity: Asian/Indian African American Hispanic Caucasian/White Other _____

Do you have children? _____ If yes, how many? _____

Are you a healthcare professional? _____ If yes: Doctor Nurse PA / NP Other _____

HEART HEALTH INFORMATION

Are you a cardiovascular disease survivor? Yes No

Do you currently or have you previously suffered from the following?

Heart attack Heart transplant Stroke Congenital heart condition Cardiac arrest

High blood pressure High cholesterol Diabetes Obesity

Other _____

How old were you when you had your experience with heart disease? _____

Give a brief description of your story:

Do you have a family history of heart disease? Yes No

If yes, who in your family has suffered from heart disease?

Mother Grandmother Father Grandfather Sibling Other _____

We believe that stories are more powerful when someone can see the faces behind them. Feel free to include a photo of yourself, if you are comfortable; we would love to be able to share your story and the strong individual behind it.



This PARTICIPATION AND PUBLICITY RELEASE AND WAIVER OF LIABILITY (the "Release and Waiver") is effective as of the date of my signature below.

In order to support the American Heart Association, Inc. ("AHA") in its mission of fighting heart disease and stroke, I agree to the terms of this Release and Waiver. I acknowledge and understand that I have agreed to enter to be selected to represent the AHA's Share Your Story campaign ("Share Your Story") in 2017-2018.

If I am selected by the AHA, I will serve on behalf of the AHA to further its mission of fighting heart disease and stroke. I will share my personal health story including, among other things, my medical information ("Health Story") with the AHA, the public, and with third parties working with the AHA in support of its mission. I understand and agree that I will grant the AHA the right to share my Health Story, and my name, address, phone number and other contact information with various media outlets for publication, including newspapers, public relations agencies, television, radio, magazines, the Internet, and other health related Web sites, and with any other third parties working with the AHA to provide educational information on heart disease and stroke to the general public, for consideration for use in the AHA's public relations and educational promotions and materials. The AHA may introduce me to media representatives, but the AHA has no obligation to do so. I will give interviews on my Health Story for use and publication in newspapers, magazines, television, radio or other media or with other third parties working with the AHA and will do so upon request of the AHA.

Have you shared your Health Story before? No Yes

If yes, please tell us where you have shared your Health Story:

Has your Health Story been featured or published before in print, television or radio media? No Yes

If yes, my Health Story previously has been or will be published in the following media outlets:

I HEREBY WARRANT AND REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND A LEGAL RESIDENT OF ONE OF THE FIFTY (50) UNITED STATES OR THE DISTRICT OF COLUMBIA AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME. I HAVE READ THIS RELEASE AND WAIVER AND HAVE BEEN GIVEN AN OPPORTUNITY TO BARGAIN IN REGARD TO ITS TERMS. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. THIS RELEASE AND WAIVER SHALL BE BINDING UPON ME AND MY HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS.

Name

Date

Signature