



Activity Consent Form for Walking Miles 4 Brain Matters

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Brain Matters, Inc. the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation.

In case of emergency I understand that reasonable efforts will be made to contact my emergency contact. In the event that person cannot be reached, I hereby give my permission to a medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose the examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's emergency contact, and/or determination of the participant's ability to continue in the program activities.

Permission to Photograph

I hereby irrevocably consent the use (including but not limited to reproduction, display, internet, broadcasting, social media, television, publication and distribution, for Brain Matters Inc., without restriction or limitation of:

1. my voice, video/film image, portrait photograph and any other likeness of me either in whole or in part and in any every form, style, or size, as it pertains to this production and
2. my statements and/or opinions if any may deem appropriate by Brain Matters Inc. and their respective agents, licensees, nominees, parents, subsidiaries, affiliates, successors and assigns and all others acting with permission of Brain Matters Inc., Internet and all publicity, business, and trade purposes.

I hereby release Brain Matters Inc. and their respective agents, licensees, nominees, parents, subsidiaries, affiliates, successors and assigns and all others acting with permission Brain Matters Inc. or its said client from any and liability arising out of such use or arising out of any blurring, distortion, alteration, optical or auditory illusion or use in the composite form that may occur or be produced in the taking of said photograph, or the recording of said voice or in any processing undertaken for the purpose of completing the finished work or any advertisement of which it is a part.

I hereby waive any right that I may have to inspect and/or approve the finished work of the advertising copy that may be used in connection therewith or the use to which said finished work might be applied.

I am over the age of 18 and have legal ability to sign on my own behalf

Participant's Name _____

Participant's Signature _____

Date _____

() - Contact: _____ Email: _____

Area code and telephone number (best contact and emergency contact) E-mail: (for use in sharing more details about the walk)

Questions? Contact Michelle Towse @ mtowse@optonline.net

www.brain-matters.org

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