



Publicity Consent & Release

Thank you for sharing your personal experience with cardiovascular disease or stroke with the American Heart Association, Inc. (“AHA”) to help support AHA’s mission to be a relentless force for a world of longer, healthier lives. You must be at least 13 years old to share your story.

I (hereinafter “I” or “me” or “my” or “Participant”) want to help AHA increase public awareness of cardiovascular disease and stroke (the “Event”) by sharing information about my personal experience with cardiovascular disease or stroke, including my past or present mental or physical condition. As part of this Event, AHA will use and publicize my personal story and my other personal characteristics and private information through social media and storytelling to promote and support its mission to be a relentless force for a world of longer, healthier lives.

I represent and promise that AHA’s use of my story and the rights and license I grant in this Agreement do not, and will not, violate any right of, or conflict with or violate any contract with or commitment I made to any person or entity, and that no consent or authorization from any third party is required in connection herewith.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees (collectively “AHA”), from any and all liability, claims, demands and causes of action whatsoever, arising directly or indirectly out of my participation in this Event and related activities and services — whether it results from the negligence of any of the above or from any other cause.

I authorize the use, copyright, or publication of my name, image or voice from participating in the Event and related activities, as may be captured by photograph or recording in any medium including illustration, promotion, or advertisement. As a condition of participation, I grant AHA a perpetual, irrevocable, worldwide, transferable, royalty-free, and non-exclusive license to use, reproduce, adapt, modify, publish, distribute, publicly perform, create a derivative work from, as previously listed above, and publicly display this activity, including display on the AHA website, without any attribution or compensation with the goal to promote and support the AHA mission.

I agree that AHA may use and share personal information about me that I give AHA or that AHA collects through its websites, apps, social media sites, devices, as well as the information about me that AHA combines with that collected by others.

AHA uses and shares my personal information to fulfill AHA’s mission to be a relentless force for a world of longer, healthier lives, to notify me of donor opportunities and offer me products and services, to provide me with products or services that I request, and to improve AHA’s programs and websites, so that they are more accurate, complete, and up-to-date.

I can learn more about how AHA uses, shares, and protects my personal information by reading the AHA Privacy Policy at www.heart.org/privacy

If I am registering a child between the age of 13 and 18 years or an incapacitated adult, I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration.

This agreement is meant to be as broad and inclusive as permitted in the State in which it is conducted.

If any portion of it is invalid, the balance will continue in full force and effect.

BY SIGNING, I ADMIT THAT I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS CONSENT AND RELEASE, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE AHA.

I have read, understood, and agreed to the terms of this release.

Signature _____

Printed Name: _____ Date: _____

FOR ANY PARTICIPANT UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST AGREE TO THE BELOW:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing consent, and I hereby agree on behalf of myself and Participant to its terms.

Signature _____

Parent or Guardian Name: _____ Date: _____