



**AUTHORIZATION AND RELEASE
Strike Out Hunger
CURE Insurance Arena, June 5, 2018**

I, _____ of
(name - please print)

(address)

(city, state)

1. I hereby release United Way of Greater Mercer County and its respective affiliated companies, subsidiaries, member organizations, agencies, and their respective officers, directors and employees and the Program partners and their respective affiliated companies, subsidiaries, member organizations, agencies, officers, directors and employees from any and all liability whatsoever under any theory of law, including contract or tort, and any claims, demands, and causes of action for personal injury and/or damage, theft, loss, or any other harm suffered in connection with this Program or in connection with the preparation, participation or travel to any Program-related activity.
2. I hereby authorize and consent that United Way of Greater Mercer County, a not-for-profit corporation, its legal representatives, successors or assigns, and program partners shall have the absolute right to copyright, publish, use, sell or assign any and all quotes, written remarks, stories, photographic images, case studies, or any part thereof, they have taken from or made of me or in which I may be included in whole or part, whether apart from in or connection with, illustrative or written printed matter, story or news item, press release, motion pictures, television or radio spots, video footage, world wide web published, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.
3. I hereby waive all claims for any compensation for such use or for damages.
4. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.
5. I hereby warrant that I am of full age and have the right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Date: _____

Signature: _____

Parent/Guardian Signature: _____
(if subject is a minor)

Mobile Phone _____

Email Address _____

Employer _____

Emergency Contact _____ Mobile Phone _____

Relationship _____