



**AUTHORIZATION, GENERAL RELEASE OF CLAIMS and WAIVER OF LIABILITY
TO PARTICIPATE IN A BIOMEDICAL SCIENCE ENCOUNTER AT NOVARTIS**

I or my child/ward, (insert name) _____ wish to participate in a Biomedical Science Encounter (“Event”) on October 18th, 2017 hosted at Novartis Institutes for BioMedical Research, Inc. (“NIBR”). I understand that there may be risks involved with this Event, and as a condition of my or my child’s or ward’s participation in the Event, I assume and agree to all risks, whether apparent or not, that may result from this Event. I agree for myself and my personal representatives, or for my child and his/her personal representatives, to the maximum extent permitted by law, to release and hold harmless NIBR, its affiliates, and its and their employees, agents, officers and directors from and against all claims, demands, loss, damage, injury or causes of action, whether in tort, contract or otherwise, which I, or my representatives, or my child and his/her personal representatives, may have relating to participation in this Event, to the maximum amount permitted by law. This means that I cannot sue or recover any damages from NIBR if anything happens to me or my property, or my child or his/her property, in connection with the activities at NIBR.

I hereby grant NIBR permission to use and disclose any and all images of me or my child in all forms and media that NIBR may obtain during the Event. I understand that these images may be used in various publications, press releases, recruitment or educational materials, or for other related endeavors. These materials may also appear on the NIBR website or social media.

I agree that this Authorization, Release of Claims and Waiver of Liability (“Release”) shall be governed by the laws of the Commonwealth of Massachusetts, without regard to its choice of laws provisions.

I have read and understand this Release and I am aware that by signing this document I am waiving certain legal rights, including the right to sue for any and all injuries or losses that may arise in connection with or relate to the Event. I am freely and voluntarily signing this Release.

Student Signature

Date

Student Name (Printed):

Legal Guardian Signature

Legal Guardian Name (Printed):

(Note: This Release must be signed by a parent or guardian if the student is under 18 years of age)