

2019 Special Events Medical and Publicity Release Form



EVENT: SUPERHERO GLOW RUN: August 17, 2019

DO NOT MAIL THIS FORM – Forms must be presented and matched with individual participants on the day of the event.

Name: _____

1. MEDICAL RELEASE

- a. I understand that by taking part in this performance/event, there is a possibility of injury or sickness to me/my minor child; therefore, I give permission for me/my minor child to participate in this event at Six Flags Great Adventure in Jackson, New Jersey, and do hereby grant permission to Six Flags Great Adventure medical staff and hospital staff members to administer immediate treatment to me/my minor child should I/she/he be injured.
- b. I also agree to hold harmless Six Flags Great Adventure LLC, Six Flags Entertainment, and Crystal & Co., Inc., its officers and agents for any injury or loss of life, incurred as a result of me/my minor child's participation in this event.

2. PUBLICITY RELEASE

- a. I except where prohibited by law, hereby irrevocably grant permission to Six Flags Great Adventure LLC, Six Flags Entertainment, its parent companies, successors and assigns, the absolute right and permission to use me/my minor child's name, photograph, video, hometown and state for promotional purposes in any manner or media whether now existing or hereafter created including without limitation, in publications online, worldwide, in perpetuity, without notice to me and without limitation, condition, consideration, consent or compensation. I shall have no right of approval, no claim to any compensation and no claim arising out of the use, alternation, distortion or illusionary effect or use in any composite form of any of the foregoing attributes of my identity.

Participants Name: _____ Age: _____

Signature (Participant 18+/Legal Guardian): _____

Print Name (Legal Guardian): _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Phone: _____ Email: _____

Insurance Co.: _____ Family Doctor/Phone: _____

List Allergies: _____