

**MEDSTAR WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT AND PUBLICITY  
RELEASE (THE “RELEASE”)**

EACH PERSON ATTENDING PLAYMORE! MUST SIGN THIS RELEASE.

1. I, \_\_\_\_\_, and/or my child, \_\_\_\_\_, voluntarily elect to attend PlayMore! (the “*Activities*”) at M&T Bank Stadium in Baltimore, Maryland on May 19, 2018. I understand that participation in the *Activities* involves strenuous physical activity that may include sprints, wiffle ball, football, kinematic exercises, and other physical activities and games. I am voluntarily participating in these *Activities* with knowledge of the danger involved and accept the risks of participation.
2. Knowing the risks of such *Activities*, and in consideration of being permitted to participate, I hereby in advance release, waive, forever discharge, and covenant not to sue MedStar Health, Inc. (“MedStar”) and the Baltimore Ravens L.P., each of its shareholders, directors, officers, employees, contractors, agents, sponsors, successors, affiliates, and assigns each of their employees, sponsors, subcontractors, agents and affiliates (the “Releasees”), from and against any and all liability for any harm, injury, damage, property damage, claims, causes of actions, costs, demands and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, including but not limited to personal injury, suffering and death, whether caused by the negligence or carelessness of the Releasees, or otherwise, arising out of my participation in the *Activities*, my presence at the premises where the *Activities* are conducted, or while I am in transit to or from the premises where the *Activities* are being conducted. I further agree and acknowledge that my participation in the *Activities* is purely voluntary and in no way mandated by MedStar.
3. I understand and agree that Releasees may not have medical personnel available at the location of the *Activities*. I agree that Releasees are granted permission to authorize emergency medical treatment to me, and that such action by Releasees shall be subject to the terms of this Release. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such emergency medical treatment.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify and defend Releasees from any claim by me, or my family, arising out of my participation in the *Activities*, my presence at the premises where the *Activities* are conducted, or while I am in transit to or from the premises where the *Activities* are being conducted.
5. I also grant the Releasees the unrestricted right to use my name, likeness, image, voice and/or appearance taken or made in connection with my participation in or attendance at the *Activities* (collectively “Images”) in order to promote, advertise or market MedStar or for any business related purpose. The use of the Images by MedStar includes, but is not limited to, photographs, video recordings, film recordings, audio recordings, digital images, illustrations, reproductions, newsletters, publications, electronic online services, advertisements, or other promotional material in any form, content or medium, including the internet. I agree that MedStar has complete ownership of such Images, including the entire copyright. I further waive any right to inspect, modify, or approve any intermediary versions(s) or finished versions(s) of the use of the Images. This authorization shall remain in effect for 12 months from the date below and shall automatically renew for additional one year periods until such time as you notify MedStar of your intent to revoke this authorization. You may provide such notice by sending your written request to c/o Michelle Diggins. MedStar Health, 10980 Grantchester Way, 5th Floor. Columbia, MD 21044.

6. I acknowledge and agree that I will not receive any payment, compensation, or remuneration for the use of such Images by MedStar. I also expressly release, waive, and hold harmless MedStar from any and all demands, actions, claims, causes of action, licensees, royalties, or any form of payment I or my agents, representatives, heirs, or assigns may have arising out of or relating to any use by MedStar of my Images, including, but not limited to, claims relating to privacy, publicity, notoriety or any other rights.
7. In signing this Release, I acknowledge and represent that I have fully informed myself of the contents of the foregoing Release by reading it before I sign it, and I understand that I sign this document as my own free will, and that no oral representations, statements or inducements, apart from the foregoing written statement, have been made. I execute this release for full, adequate and complete consideration fully intending to be legally bound by same.
8. I further agree that this Release shall be construed in accordance with the laws of the State of Maryland. If any term or provision of this release shall be held illegal, unenforceable or in conflict with any law governing this release, the validity of the remaining portions shall not be affected thereby. I further agree that any legal proceedings related to this Release will take place in Baltimore, Maryland.
9. While participating in the *Activities*, I expressly represent that I have adequate insurance and agree that the Releasees may rely on such representation.
10. If applicable, I hereby affirm that my child is in good physical condition and does not suffer from any known disability or condition which would prevent or limit their participation during PlayMore!

**FOR PARTICIPANTS OVER 18 ONLY:**

**I am of legal age (18) and am freely signing this Release. I have read this Release and understand that by signing this Release, I am giving up legal rights and remedies, and I hereby agree and accept all of the above stated terms.**

\_\_\_\_\_

**(Signature of Participant)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**(Printed Name)**

**FOR PARENT/LEGAL GUARDIAN OF REGISTRANTS UNDER 18:** If the participant is under the age of 18 years as of May 19, 2018, signature of a parent or legal guardian is required.

**I am the parent or legal guardian of the Activities participant(s) listed above. I am of legal age and am freely signing this Release. I have read this Release and understand that by signing this Release, I and the Activities participant(s) are giving up legal rights and remedies, and I hereby agree and accept all of the above stated terms on behalf of my dependent and myself.**

\_\_\_\_\_

**(Signature of Parent/Legal Guardian)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**(Printed Name of Parent/Legal Guardian)**