

# Motion Capture Waiver

Injury Assumption of Risk, Release of Claims, Indemnity Agreement & Permissions:

I am eighteen years of age or older. I acknowledge that participation in the Motion Health Program, including but not limited to Motion Capture, is voluntary. Furthermore, I acknowledge that participation may expose me to hazards or risks that may result in personal injury or death and I understand and appreciate the nature of such risks.

In consideration of my participation in the described program under the auspices of Motion Health at Cerner Corporation and of my use of the program’s facilities and equipment, I hereby accept all risk to my health and of my injury that may result from such participation. I hereby release the above named representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all injury to my person, including my death, that may result from or occur during my participation, whether caused by negligence of the Corporation, its executive board, officers, associates or representatives, or otherwise. I further agree to indemnify and hold harmless the Corporation and its executive board, officers, associates or representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the program.

I grant permission for the Motion Health team to use the non-identifying avatar, which is representative of me, for promotion and education of the Motion Health program. I authorize Cerner to use the information we obtain about me during my participation in the Program for the following purposes: improvement of health outcomes, health plan savings, enhancement of the program, development of commercially available intellectual property and internal studies. I authorize Cerner to disclose this information to Cerner HealthPlan Services for these purposes. Cerner may publish its findings for presentation at tradeshow, marketing events and presentations.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY ACKNOWLEDGING IT OBLIGATES ME TO INDEMNIFY \*

I grant permission for my Motion Report to be delivered to me via Cerner email and understand that the aforementioned documents will contain information specific yet limited to only my musculoskeletal health. \*

yes  no

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_