ENTRANT DECLARATION

AMERICAN COLLEGE OF PHYSICIANS INNOVATION CHALLENGE 2018: RE-IMAGINING THE PRACTICE OF INTERNAL MEDICINE ("Challenge")
Sponsored by the American College of Physicians ("ACP")

THIS DECLARATION MUST BE COMPLETED AND SIGNED BY EACH ENTRANT (INDIVIDUAL OR ALL MEMBERS OF A TEAM) AND RECEIVED BY ACP. SEE OFFICIAL CONTEST RULES ("Rules") WHICH ARE INCORPORATED HEREIN BY REFERENCE. RETURN COMPLETED DECLARATION TO:

American College of Physicians
190 North Independence Mall West
Philadelphia, PA 19106-1572

I/We represent that:

- I/We are at least 18 years of age, am of sound mind and body, and are eligible to participate in the Challenge (as set forth in the “Eligibility” section of the Rules).

- I/We are not committing any fraud or deception in making the Submission to the Challenge and have reviewed and agree to comply the Rules for the Challenge.

- If submitting as a team, all team members are identified in this Declaration.

- All information provided in connection with my/our Submission is accurate and complete to the best of my/our knowledge.

- The Submission with which I/We are associated:
  (a) embodies an original work or idea;
  (b) does not contain confidential information or trade secrets;
  (c) does not violate or infringe upon the patent rights, industrial design rights, copyrights, trademarks, rights of privacy, publicity, or other rights of any person or entity;
  (d) does not trigger any reporting or royalty obligation to any third party.

- I/We acknowledge that, as set forth in the Rules, ACP has the right, without limitation, to use and publish for any lawful purpose, photographs, video recordings and/or voice/audio recordings, in conjunction with my name or otherwise, in whole or in part, alone or with other materials, in any and all media, through any medium, including the internet (e.g., ACP’s websites and social media accounts), for the purpose of marketing, advertising, publicity, and other uses related to ACP’s mission of enhancing the quality and effectiveness of health care through advocacy and education, and/or in conjunction with ACP’s Challenge. Furthermore, I/we waive any right I/we may have to inspect or approve the finished product, advertising, or other copy that may be used in connection with the Challenge. I/We understand this Declaration is binding on my assigns, heirs, beneficiaries and personal representatives.

- I/We release and hold harmless ACP and its officers, directors, employees, agents, successors, and assigns, and anyone authorized by any of them acting in conjunction with the Challenge, from any and all actions, suits, claims, losses and demands of any kind whatsoever by reason of any matter arising from or in connection with my/our participation (the participation of the team) in the Challenge.
I/We understand that I/we (the members of the team, as the case may be) are responsible for payment of all taxes including all federal, state, local and any other applicable taxes associated with winning a prize and shall promptly complete, sign and return any tax forms required by the Sponsor prior to delivery of any prize.

Printed Name of Team Member (or Individual)  Signature of Team Member (or Individual)

Date

Printed Name of Team Member  Signature of Team Member

Date

Printed Name of Team Member  Signature of Team Member

Date

Printed Name of Team Member  Signature of Team Member

Date

Printed Name of Team Member  Signature of Team Member

Date