



***2017 Healthcare Heroes Awards presented by Teva Pharmaceuticals***  
**Inspired by and Dedicated to the Life of Richard S. Egosi**

**Certification & Release Form for Nominators**

***Instructions:*** This form must be completed by the nominator with signature and date, scanned and saved as a PDF document, and uploaded at the [nominations submission site](#) in order for the nomination to be accepted and participate in the *Healthcare Heroes Awards* program. Failure to sign, date and return the Certification & Release Form will result in disqualification of the nomination.

**Nominator Certification and Release of Liability**

I certify that all of the nomination information I input at ([www.libertymuseum.org/awards/healthcare-heroes/nominations](http://www.libertymuseum.org/awards/healthcare-heroes/nominations)) is correct and has been completed by me alone. I certify that I have read and understood all of the guidelines outlined in the *Healthcare Heroes Awards* Nomination Instructions, and I certify that my nomination satisfies all of them. I certify that I have reached the age of legal majority (18 years old). I certify that I am not an employee of the National Liberty Museum or Teva Pharmaceuticals, nor am I a member of the immediate family of any such persons. I certify that the National Liberty Museum has the sole responsibility for selecting award recipients based on the criteria described on the webpage ([www.libertymuseum.org/awards/healthcare-heroes/nominations](http://www.libertymuseum.org/awards/healthcare-heroes/nominations)). I acknowledge that all decisions made by the judges are final, and that falsification of information may result in termination of any award granted. I certify that this nomination form once submitted will become the property of the National Liberty Museum. I certify that the National Liberty Museum and Teva Pharmaceuticals are not responsible for any lost, late, misdirected, or incomplete entries or for any computer or communication error, or any other error or omission, that prevents a nomination from being received or reviewed in a timely manner.

I hereby grant to the National Liberty Museum and Teva Pharmaceuticals permission to use, copy and publicly disseminate any of the material and photos I have provided related to the nomination and nominee. I also hereby grant to the National Liberty Museum and Teva Pharmaceuticals, its affiliates, agents and independent contractors, permission to use my name, likeness, and biographical information in advertising and promotional materials (in whatever medium) and on social networks for purposes of advertising or promoting the *Healthcare Heroes Awards* program. The rights granted in the previous two sentences shall also include, without further compensation, such use by the National Liberty Museum, outside of the awards program, in connection with its advertising, marketing and Museum services. I acknowledge and agree that I will have no right of approval, no claim to any compensation, and no claim arising out of the use of my nomination submission, name, likeness, or biographical information in connection with the exercise of the rights granted to the *Healthcare Heroes Awards* program of the National Liberty Museum under this certification.

If my nominee is chosen as a winner, then the winner will be required to sign and return in a timely basis a Certification and Release Form in order for their award to be confirmed. An incomplete or unreturned Certification and Release Form will result in the nominee's disqualification from the *Healthcare Heroes Awards* program.

If my nominee is chosen as an winner, and if there is any kind of Award Event in Philadelphia, Pennsylvania, at the conclusion of the awards program to which I am invited, I understand that my participation in the event may involve risks. I hereby release, waive and discharge the *Healthcare Heroes Awards* program, the National Liberty Museum, Teva Pharmaceuticals, its affiliates, and their respective trustees, officers, agents, employees and independent contractors from any and all liability, claim, damages and losses arising out of or in connection with the Award Event, including, without limitation, any loss, damage or injury arising while traveling to and from the Award Event, or arising from weather, strikes, acts of God, force majeure, civil unrest, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death or other circumstances beyond the control of the *Healthcare Heroes Awards* program, the National Liberty Museum and Teva Pharmaceuticals, that may be sustained by me, or to any property belonging to me, while traveling to or from the Award Event or attending the Award Event.

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Signature of Nominator

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Date