



HEMOPHILIA ASSOCIATION OF NEW JERSEY

197 Route 18 South
Suite 206 North, East Brunswick, NJ 08816
Tel: 732-249-6000 • Fax: 732-249-7999
Web: www.hanj.org Email: info@hanj.org

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I understand and agree that these materials shall become the property of the Hemophilia Association of New Jersey and will not be returned.

I hereby hold harmless, and release the Hemophilia Association of New Jersey from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____ named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

(Signature)

(Date)

(Print Name)