

CONSENT & RELEASE

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I agree as follows:

I hereby give and grant to *DePuy Synthes Joint Reconstruction*, a division of DePuy Orthopaedics, Inc., and all of its respective past, present, and future parents, subsidiaries, divisions, affiliates, predecessors, successors, transferees, licensees, assigns, and affiliated entities (hereinafter collectively referred to as the "Licensed Party"), the absolute and irrevocable, perpetual, assignable and sub-licensable, worldwide, royalty-free, paid-in-full right and permission to, reproduce, distribute, transmit, adapt, publicly perform, publicly display, publish, republish and otherwise use my name, biographical or occupational description, location information (such as city or zip code of residence), phrases regarding me (or incidents or anecdotes concerning me), my portrait, picture, photographs, likeness, or voice or any or all of them, audio, video or film recordings of me, computer generated images of me, or audio or pictures or video in which I may be included in whole or part, in all forms and media (which specifically includes internet use and any and all media which now exists or which may exist in the future), and in all manners, including composite or distorted representations, whether produced by standard photographic or other techniques (all collectively, the "Authorized Material"), in connection with whatever copy, graphics, or images the Licensed Party chooses at its sole discretion, worldwide and without restriction as to frequency of use, in whole or in part, composite or distorted in character or form, without restriction as to changes or transformations. In granting this consent, I understand and agree that no monetary or other consideration is owed to me by the Licensed Party or any other party. The Licensed Party shall be the exclusive owner of all worldwide right, title and interest, including, but not limited to, copyright in and to any and all materials produced pursuant to this release.

I hereby grant to the Licensed Party, and anyone acting under its authority or permission, the right to make originals of the Authorized Material where appropriate and to use for any lawful purpose (including publicity and other trade purposes) throughout the world and reproduce at any time in any form or manner and to copyright any of the Authorized Material.

I hereby waive any right that I may have to inspect and/or approve of the Authorized Material and/or the finished product or the use to which it may be applied and I release and agree to hold harmless the Licensed Party from any and all claims, which I, my heirs, executors or assigns may at any time have against them on account of the granting of the rights set forth herein which I might otherwise have as a result of any such use, copyright or publication. I agree that the Licensed Parties may exploit, edit, or otherwise modify the Authorized Material and may combine the Authorized Material with materials furnished or created by others without my approval. The Licensed Parties have the sole discretion to decide whether, when and how to publish or post the Authorized Material, or any portion thereof. Nothing herein will constitute any obligation of the Licensed Parties to make any use of any of the rights set forth herein. I acknowledge and agree that the Licensed Parties shall have no liability for the unauthorized use of the Authorized Material by third parties. I hereby expressly release and discharge the Licensed Parties from any and all claims and demands arising out of the use of the Authorized Material, including, but not limited to, claims for libel, invasion of privacy, or violation of the right of publicity.

I hereby represent and certify that I have never been convicted of, or pleaded guilty or *nolo contendere* to, the commission of any criminal offense (excluding (i) any juvenile offense and (ii) any routine traffic offense unrelated to drugs or alcohol). Additionally, I represent and certify that I am not now the subject of any ongoing criminal or administrative investigation.

I agree that this release does not in any way conflict with any existing commitment on my part and that this release is a legally binding agreement and will be construed broadly to provide a release and consent to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions.

I hereby represent that I am of legal age or that I am represented by my legal guardian who is of legal age and has every right to contract on my behalf in my own name without violating any other commitment. I state further that I have read, or have had read to me, the above authorization and release, prior to its execution, and that I duly understand the contents thereof. I have voluntarily signed this release.



Tell Us Your Story



The information provided will be included on a public website (www.DePuySynthes.com/Ambassdor) for others to view and is in accordance with our Privacy Policy (see www.jnjmedicaldevices.com/policies-privacy). By mailing in this form, you agree to be contacted and acknowledge that you have reviewed and agree to our Privacy Policy. Your submission may require wording changes in order to adhere to our approval process. Please note that your story will only be posted if you indicate that you have a DePuy Synthes Joint Reconstruction hip, knee, or shoulder replacement.

Submission Process

1. Print Form
2. Fill in your information and story
3. Sign and date
4. Read Consent and Release form and check the box
5. Mail completed form to:

DePuy Synthes
ATTN: Patient Engagement Team
700 Orthopaedic Drive
Warsaw, IN 46582

Your Information (all fields required)

First Name	
Last Name	
Email Address	
City	
State	
Zip Code	

Please continue to next page



Tell Us Your Story



Your Story (all fields required unless marked "Optional")

Do you have a DePuy Synthes Joint Reconstruction hip, knee, or shoulder replacement?

- Yes
- No
- I don't know

Your story cannot be submitted if you mark that you do not have, or do not know if you have a DePuy Synthes Joint Reconstruction hip, knee, or shoulder replacement.

If you are unsure of the manufacturer of your joint replacement and you would like to know, please contact your surgeon's office. If you find out that you have a DePuy Synthes Joint Reconstruction hip, knee, or shoulder replacement, feel free to fill out this form.

What was the name of your surgeon? (Optional)

What was the name of your hospital? (Optional)

What joint(s) did you have replaced? (Check all that apply)

- Hip
 - Front (Anterior Approach)
 - Side (Anterolateral Approach)
 - Back (Posterior Approach)
- Knee
 - ATTUNE® Knee System
 - SIGMA® Total Knee System
 - None of these
 - I don't Know
- Shoulder

What activities/hobbies have you returned to? (Optional)

- Tennis
- Swimming
- Biking
- Walking
- Golfing
- Dancing
- Other

Please continue to next page



Tell Us Your Story

What was life like before joint replacement? What major activities did you stop that affected your quality of life?

What was the turning point for you (the moment you knew you needed to move ahead with surgery)?

What is life like now? How has joint replacement changed your life?

What information do you have that would help others considering joint replacement?

Please continue to next page



Tell Us Your Story



I hereby give my permission to DePuy Synthes Companies to list the information provided above on www.DePuySynthes.com/Ambassador. This information is intended for use by residents of the United States. I agree that the information provided above is accurate. I agree to the terms of the DePuy Synthes Companies Privacy Policy (see www.jnjmedicaldevices.com/policies-privacy) and consent to the collection, use, and disclosure of this information in accordance with the Privacy Policy. I agree that my information may also be used by DePuy Synthes Companies to contact me regarding my story.

Signature

Name

Date
MM DD YY

I have read and agree to the Consent Form

Submission Process

6. Print Form
7. Fill in your information and story
8. Sign and date
9. Read Consent and Release form and check the box
10. Mail completed form to:

DePuy Synthes
ATTN: Patient Engagement Team
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Warsaw, IN 46582