

**Big Apple Bootcamp Fellow/Resident Application**

**September 18th - 20th, 2025**

**New York, NY**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Program/Institution: \_\_\_\_\_

Fellow or Resident: \_\_\_\_\_ Program Year as of July 1<sup>st</sup>: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Housing Required: \_\_\_\_\_ Scrub Size (XS-2XL): \_\_\_\_\_

Are There Any Particular Topics That You Are Interested In?

\_\_\_\_\_

**Please note that in addition to this application, we will require a letter of support from your program director stating your fellowship/residency standing, program year, and your availability to attend Big Apple Bootcamp. Please also complete the attached Social Media and SAIL waiver. Please e-mail this completed form and supporting documents to Jennifer Parker at [JEP2035@med.cornell.edu](mailto:JEP2035@med.cornell.edu).**

**\*Submission of this form does NOT guarantee participation. Participants will receive a formal acceptance e-mail upon completed registration and MUST acknowledge their acceptance in writing to finalize registration.\***



<b>Program Description:</b>	NYP Big Apple Vascular
<b>Producers:</b>	NYP social media, Marketing, website, media, owned internal and external channels & Development newsletter

**APPEARANCE RELEASE**  
**(FOR EMPLOYEES, PHYSICIANS AND OTHERS - NOT FOR PATIENTS)**

For valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby agree that:

- I consent to be photographed, videotaped, recorded and/or to have information about me disclosed and/or transmitted live in connection with production of the program described above (such image and recording and simultaneous or subsequent display in any media, including printed materials, internet, webcast, social media, video, DVD, CD or other form of distribution, is hereinafter referred to as the “Program”), which will be produced and distributed by the Producers named above (the “Producers”).
- I understand that the Program may include my name, likeness, picture, image, voice, personality and/or personal identification information (collectively, my “Information”).
- I grant to The New York and Presbyterian Hospital (“NYPH”) and its subsidiaries, affiliates, licensees, employees, agents, academic affiliates (*i.e.*, Columbia University and/or Cornell University), and to any persons or entities authorized by the above (collectively, the “NYPH Group”) and the Producers the right to use and disclose my Information in connection with the production, distribution and promotion of the Program (or excerpts of the Program or derivative works made from the Program) in all media and distribution channels of any kind, whether now known or hereafter devised, worldwide, in perpetuity. I understand that the Producers intend to use and disclose my Information in connection with the Program and to make derivative works therefrom as they, in their sole discretion, shall deem appropriate.
- I release and discharge the NYPH Group and the Producers from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right of mine arising out of the exercise of the rights granted herein.
- I understand that I will receive no financial compensation from NYPH for participation in the Program, I have no rights of ownership to the Program or rights to approve the Program, and NYPH and Producers are not obliged to include my Information in the Program.
- This Appearance Release contains the entire agreement and understanding between NYPH and me regarding the subject matter hereof and no oral understandings have been made with regard thereto.
- This Appearance Release, and any claim, controversy or dispute arising under or related to this Appearance Release, shall be governed by and construed in accordance with the laws of the State of New York, without regard to principles of conflicts of law.
- If the individual whose Information is included in the Program (the “Individual”) is a minor child or legally incapable of consent, I represent and warrant that I am the parent, guardian or other legal representative of the Individual and that I have the legal right and power to grant the rights granted above and to release the NYPH Group and the Producers on behalf of myself and the Individual.

**By signing this form, I acknowledge that I have read and accept all of the above.**

Signature:*	_____	Address:	_____
Name:	_____		_____
Date:	_____	Phone:	_____
		Email:	_____

***\* Parent, guardian or other legal representative must sign if the Individual is under 18 years of age or legally incapable of consent.***

If signed by someone other than the Individual (i.e., parent, guardian or other legal representative):

Name of	Relationship
Representative: _____	to Individual: _____



# Weill Cornell Medicine

## THE WEILL CORNELL MEDICAL COLLEGE APPEARANCE RELEASE

By my signature set forth below, I hereby acknowledge that:

- I have been asked to participate in the production of:  
Vascular Bootcamp - SAIL Laboratory at Weill Cornell Medicine. General website news video and photography.  
being produced and distributed by Weill Cornell Medical College ("WCMC") (such image and sound capture and subsequent display in any media, including internet, webcast, narrowcast, video, DVD, CD, printed publications or other form of distribution, is hereinafter referred to as the "Program").
- As a result of my participation in the production of the Program, it may be necessary for WCMC to use, simulate and portray my name, voice, likeness, picture, image personality and personal identification information (collectively, "Name, Image and Information") in and in connection with the production, distribution, promotion, advertising and exploitation of the Program.

Accordingly, for valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby:

- grant to WCMC, its subsidiaries, affiliates, licensees, employees, agents, academic affiliates (i.e., Columbia University, NewYork-Presbyterian Hospital, and/or Cornell University), successors and assigns and to any persons or entities authorized by WCMC (collectively, the "WCMC Group"), the right to use, simulate and portray my Name, Image and Information in and in connection with the production, distribution, promotion, advertising and exploitation of the Program (or excerpts of the Program or derivative works made from the Program) in all media and distribution channels of any kind, whether now known or hereafter devised, worldwide, in perpetuity, including without limitation on the WCMC website ([www.med.cornell.edu](http://www.med.cornell.edu)), WCMC intranet, the WCMC channel on the YouTube video sharing website, WCMC publications, and any other means of distribution for educational, informational, marketing or fundraising purposes.
- release and discharge the WCMC Group from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right of mine arising out of or relating to any such use of my Name, Image and Information in and in connection with the production, distribution, promotion, advertising and exploitation of the Program (or excerpts of the Program or derivative works made from the Program); and
- agree that this Appearance Release contains the entire agreement and understanding between WCMC and me regarding the subject matter hereof, that no oral understandings have been made with regard thereto and that this Appearance Release may be amended only by a written instrument signed by WCMC and me. This Appearance Release supersedes and replaces any previous appearance release to WCMC signed by me in connection with the subject matter herein.

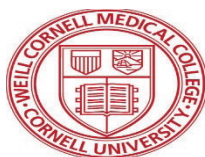
Date: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



# SAIL

Skills Acquisition Innovation Laboratory

## WAIVER AND RELEASE

Name of Course: Big Apple Bootcamp

Date of Course: September 18th - 20th, 2025

Participant Name: \_\_\_\_\_

Specialty: Vascular Surgery

Hospital or Industry Affiliation: Weill Cornell Medicine/ NY Presbyterian

I agree to participate in the above named cadaveric/inanimate surgical laboratory offered in whole or in part through The Weill Cornell Medical College/ Department of Surgery, Skills Acquisition & Innovation Laboratory (SAIL). I recognize that my participation is voluntary and that the use of human cadaveric tissue is a privilege. I agree to treat the specimen(s) with respect and further agree to follow all guidelines set forth by the Medical Director of (SAIL) and all policies and procedures of Weill Cornell Medical College.

**I understand that during the lab, through interaction with cadaveric tissues, I may be exposed to diseases that may cause me illness or death. These diseases may include, but are not limited to Hepatitis B and/or Hepatitis C, HIV and tuberculosis. I assume the risks associated with participation in the laboratory, and take personal responsibility to take all reasonable steps to protect myself from potential exposure to such diseases, in accordance with the directions of the Medical Director of SAIL.**

I further understand that the methods, techniques and procedures demonstrated and the views and opinions expressed by speakers, presenters and faculty and their own do not necessarily represent those of SAIL, or nor does presentation on the course program represent or constitute endorsement or promotion by SAIL or Weill Cornell Medical College. SAIL expressly disclaims any warranties or guaranties, expressed or implied, and shall not be liable for damages of any kind in connection with the material, methods, information, techniques, opinions or procedures expressed, presented or demonstrated.

In consideration of the above, I agree to release and hold harmless Weill Cornell Medical College/ SAIL and its subsidiaries, and their respective employees, officers, directors, agents and/or representatives from any claim or cause of action for loss or damage (including attorney fees whether or not suit is filed) to property or personal injury that may result, either directly or indirectly, from my participation in this laboratory. This release shall be binding on my heirs, administrators, executors, successors and assigns.

I have read, understand and agree to the above Waiver and Release.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date