

Authorization for promotional video and related purposes

AllHealth Network has asked me to participate in _____ by sharing my story through videos and other recordings. I hereby give AllHealth Network the absolute and irrevocable right and permission to use, adapt, modify, reproduce, distribute, publicly perform and display my story, likeness, photograph, image, voice and name, in whole or in part, individual or in conjunction with other materials, in any medium now know to later developed, in perpetuity, on a world-wide basis and for any purpose whatsoever including but limited to:

Use in videos, brochures, signs, banners, and other materials promoting or advertising services that AllHealth Network provides, in print and electronic form, intended for distribution to the public through social media or otherwise and use in any visual presentation that AllHealth Network may produce for broadcast to the general public.

In consideration of the recording and preservation of my interview conducted for _____ I hereby relinquish the transfer to AllHealth Network all title and property rights that I have or may be deemed to have in the interview. I understand that these rights include all rights, titles and interest in any copyright pursuant to the United States copyright laws. I understand that AllHealth Network may assign, license and sublicense these rights to other entities and purposes, without further approval on my part.

The forgoing permission is given for the benefit of AllHealth Network and for the benefit of AllHealth Network's successors and assigns, any persons, firms or corporations which, through AllHealth Network, shall have the right to distribute, exploit, and/or exhibit my story, likeness, photograph, image, voice and name in any medium, whether now known or hereafter invented, in perpetuity and on a world-wide basis.

I agree to hold harmless AllHealth Network and its employees, officers, agents, successors and assigns from and against all claims, including but not limited to claims for defamation, invasion of privacy or right of publicity, liabilities, damages and expenses (including attorneys' fees and court costs) and other such losses arising out of, resulting from, or related to the use and/or content of the interview.

I attest that I am over the 18 years of age, competent to execute this release and waiver and that this does not conflict in any way with any existing commitment on my part, which would prohibit me from granting the release and waiver.

I HAVE READ THE ABOVE RELEASE AND WAIVER AND AM FULLY FAMILIAR WITH ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ALLHEALTH NETWORK AND ME AND I SIGN IT OF MY OWN FREE WILL.

Signature of client/parent/legal representative

Date

Printed name of client/parent/legal representative

If not the client, relationship to the client