

**Hosparus Inc.**  
**Photography / Videography Release**

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the above-named individual, hereby voluntarily agree to be photographed and/or videotaped by and/or on behalf of Hosparus Inc. I hereby consent to the recording, reproduction, exhibit, publication, display, broadcast, distribution, use and reuse of my likeness, name, voice and/or image by Hosparus Inc., its respective licensees, assigns, parents, subsidiaries or affiliated entities and each of their respective employees, agents, officers and directors (collectively the "Releasees"). I further consent to the creation of derivative works of the above-described material in any media now known or later developed. I understand the above-described material may be used in various publications, public affairs releases, recruitment materials, and other media outlets. I also understand the above-described material may appear on Hosparus Inc.'s internet site. I agree this authorization is continuous and irrevocable. I hereby agree the Releasees shall have full exclusive ownership of the above-described material and I shall have no rights whatsoever to the above-described material. I claim no right to compensation for my participation in the creation of the above-described material.

I understand that the above-mentioned material may contain Protected Health Information ("PHI"). I understand that once disclosed, my health information may be subject to re-disclosure, at which point it is no longer subject to federal privacy laws. I hereby authorize Releasees to use and/or disclose my PHI for marketing and other related activities. I understand that I have the right to revoke this consent, in writing, at any time, except where uses or disclosures have already been made based upon my original permission and that treatment is not conditioned upon signing this consent.

I hereby release, defend, indemnify and hold harmless the Releasees from and against any claims, damages or liability arising from or related to the use of the above-described material, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Signature (if age 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of POA/Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian (if under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date