

PHOTO/TESTIMONIAL RELEASE FORM

I, \_\_\_\_\_, hereby grant \_\_\_\_\_, a division of Regional Women’s Health Group, LLC and Regional Women’s Health Group, LLC (hereinafter collectively and individually referred to as the “Practice”), its members, physicians, employees, agents, independent contractors, successors and assigns, my full and complete permission and authority to use photograph(s) of my likeness, or the likeness of my child as the case may be, and/or my testimonial for the Practice’s promotional, informational and research activities, including but not limited to, its website, social media, brochures, commercials, publications, television appearances, advertisements, public appearances, and any other promotional, informational and research activities of the Practice. A copy of the photographs of my likeness and/or my testimonial are attached hereto and made a part hereof (Exhibit A).

I waive any right that I may have to inspect and approve the finished product that may be used of the photographs of my likeness and/or my testimonial, and I waive any right to royalties or other compensation arising from or related the use of the photographs of my likeness and/or my testimonial.

The Practice agrees that if I request, in writing, that the photographs of my likeness and/or my testimonial no longer be used for such promotional, informational and research activities, the Practice shall promptly remove the photographs of my likeness and/or my testimonial from its website, social media, and all future publications, advertisements, brochures, and any other future promotional, informational and research activities of the Practice. It is understood and agreed that the Practice shall have no obligation to remove the photographs of my likeness and/or my testimonial from any publications, advertisements, or commercials which have already been printed, published, or produced.

I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined below by my parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

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

\_\_\_\_\_  
Name of parent or legal guarding if under 18 years of age

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent or legal guardian if under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I certify and acknowledge that I witnessed the signature of the person whose name appears above:

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

\_\_\_\_\_  
Name of Witness (Please Print)