



I, \_\_\_\_\_ hereby agree and consent as follows:

1. FuturHealth, located at 2810 N Church St PMB 53534 Wilmington, Delaware 19802 US, is authorized in perpetuity to use my likeness or my work, in any photograph, video, or other digital media ("Photos") in any and all of its publications, including print or web-based publications.
2. I further consent and authorize the use of these photos in any and all media forms including (but not limited to):
  - a. Advertising
  - b. Including but not limited to Google, Facebook, Instagram, Affiliate Marketing, blogs, print publications
  - c. FuturHealth Websites
  - d. Social Media Sites
    - i. Advertising or boosted posts
    - ii. Sites include but are not limited to Facebook, Instagram, LinkedIn
3. I further consent and authorize FuturHealth to use these Photos indefinitely during the course of FuturHealth's business, including being used to promote the business to other professionals, referral sources, and/or the general public in print and/or electronic format.
4. I irrevocably authorize FuturHealth to copy, edit, enhance, crop or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photo(s) at any time.
5. I understand and agree that all Photos are the property of FuturHealth and will not be returned to me.
6. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.
7. I agree to release and forever discharge FuturHealth and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against FuturHealth in connection with this Release.
8. I represent that I am at least 18 years of age and am authorized to release these Photos on behalf of myself.
9. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.

**SIGNING MY NAME BELOW MEANS I HAVE READ AND UNDERSTOOD THIS FORM, AND THAT I AM GRANTING PERMISSION TO FUTURHEALTH.COM TO USE PHOTOGRAPHS OF ME, OR MY WORK IN ANY PUBLICATION OR ADVERTISING MATERIAL, PRINTED OR ELECTRONIC, AS FUTURHEALTH.COM SEES FIT. I UNDERSTAND THAT I AM WAIVING ALL RIGHTS TO ANY COMPENSATION RELATED TO THE USE OF THESE PHOTOS.**

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

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

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