



WOMEN'S HEALTH
ADVANTAGE

MEDIA RELEASE FORM

I hereby consent and agree that Women's Health Advantage, its employees, or agents have the right to take photographs, videotape, or digital recordings to use in any and all media, now or hereafter known, and exclusively for the purpose of content. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Women's Health Advantage, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness or the identity or likeness of my minor child(ren), including those children hereafter born to me, in whatever media used.

I understand that there will be no financial or other remuneration for recording me, or my child(ren), either for initial or subsequent transmission or playback.

I also understand that Women's Health Advantage is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this release and that I am the legal guardian of the child(ren) whose images may be used.