

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, INFORMATION, OR LIKENESS  
 I, (printed name) \_\_\_\_\_ permit and authorize Rescuing Health and its employees, agents, representatives, contractors, and personnel who are acting on behalf of Rescuing Health to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information (which may include medical information), a video and/or audio recording or other likeness of myself (hereinafter collectively referred to as “My Likeness”) for purposes related to fundraising and increasing awareness towards healthcare needs, including instructional and/or educational purposes, publicity, marketing, and promotion of Rescuing Health. I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, e-mails, billboards, signs, brochures, placement on websites and/or other electronic delivery, publication, display, or promotion on any and all other media, and I further understand that My Likeness may be subject to reasonable modification or editing. I acknowledge that Rescuing Health has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness in accordance with this Authorization for Use of Image, Voice, Performance, Information, or Likeness (hereinafter sometimes referred to simply as “this Authorization”). I understand that, although Rescuing Health will work with me in developing the content that might be posted its Website, radio, video/audio recording, television broadcast and printed material, I waive any right to inspect or approve the finished product or material in which Rescuing Health may eventually use My Likeness. I relinquish and give Rescuing Health all rights, title and interests in and to My Likeness, including any copyright therein. I understand that, although Rescuing Health will endeavor to use My Likeness in accordance with standards of good judgment, Rescuing Health cannot warrant or guarantee that any further dissemination of My Likeness will be subject to Rescuing Health supervision or control. Accordingly, I release Rescuing Health from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization. I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Information, or Likeness. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The number of arbitrators shall be one. The place of arbitration shall be Knoxville, TN. Tennessee state law shall apply. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

_____ Signature	_____ Date	_____ Age (if minor)
_____ Printed or typed name	_____ Phone	
_____ Address	_____ City/	_____ State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.  
 I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

_____ Signature	_____ Date
_____ Printed or Typed Name	_____ Phone
_____ Address	_____ City/State/Zip