

MEDIA RELEASE FORM

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby irrevocably consent to the photographing of myself and/or the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses still photographs, motion picture footage, and videotape and digital recordings of any kind.

I further irrevocably consent to the reproduction and/or authorization by The Midwest Clinic to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets.

I hereby release The Midwest Clinic, their directors, officers, agents, employees, and customers, and appointed advertising agencies, their directors, officers, agents, and employees from all claims of every kind on account of such use.