



I, the undersigned, state as follows:

1. I provided content, either in writing or orally, to serve as a patient testimonial (“*Testimonial*”) for the Genetics & IVF Institute (“GIVF”).

2. If I submitted one or more photos or other images (collectively, “*Images*”) with my Testimonial, I certify that I have the legal right to use the Images and to authorize GIVF to use the Images as set forth in this Release. In addition, if the Image(s) depict any individual other than myself, I have obtained the affirmative permission of the subject(s) of the Image(s) to authorize GIVF to use them as set forth in this Release. If the Image depicts my minor child, I hereby grant permission to GIVF to use the Image(s) as set forth in this Release.

3. I hereby irrevocably authorize GIVF and its affiliates to utilize the Testimonial and the Images (if any), together with my (*circle one*): initials / first name and last initial / first initial and last name / full name (collectively, the “*Materials*”), as set forth in this Release without further consent from or payment to me.

4. GIVF has my permission to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use and permit others to use, all or any part of the Materials in any lawful manner, including without limitation by posting or distributing them on the internet and social media, and for any lawful purpose, including without limitation to market, advertise and promote GIVF, its affiliates and their products and services.

5. I agree not to contest the rights or authority granted to GIVF hereunder. I hereby forever release and discharge GIVF, its affiliates, employees, licensees, agents, successors and assigns from any claims, actions, damages, liabilities, costs or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement or any other personal, moral or property rights from or related to any use of the Materials described in this Release. I understand that GIVF is under no obligation to use the Materials.

6. I acknowledge and understand that my decision to sign this Release is voluntary, and I have not been pressured or coerced into agreeing to GIVF’s use of the Materials. I understand that my decision to give or withhold this Release will have no effect, positive or negative, on my relationship with GIVF.

Sign: _____

Date: _____

Print: _____

ACKNOWLEDGED:

GENETICS & IVF INSTITUTE, INC.

By: _____

Date: _____

Shanna Wahlquist

