

**IF PHOTOGRAPHS AND VIDEOS ARE BEING TAKEN, MEMBER MUST SIGN THIS ACKNOWLEDGEMENT FORM.**

Name of Video and/or Photograph Subject: \_\_\_\_\_

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

I hereby provide my consent to have video and/or photographs taken of me or of parts of my body by videographer or photographer approved by My Brothers House Recovery Services Inc. ("MBHRS"). I acknowledge that MBHRS shall have sole ownership of copyright and all other intellectual property rights associated with the video and/or photograph and that I have no ownerships rights whatsoever in the video and/or photograph as a matter of law, I hereby grant to MBHRS and its authorized representatives the exclusive, world-wide, perpetual right and permission to reproduce, use publish, create derivative works and distribute the video and/or photographs, including images contained therein, in any form whatsoever including, but not limited to, videos, slides, catalogs, advertisements, articles, magazines, brochures, and website owned and operated by or for MBHRS or its affiliates, and to use and/or disclose my name in conjunction therewith. I understand that MBHRS will not be in a position to, and is not committed or obligated to, attempt to prevent or control any redistribution of such photographs or images by third parties receiving the aforementioned educational or promotional materials from MBHRS or nay third party. In addition, MBHRS is hereby permitted to publish my name along with the video/photograph, including without limitation any accounts, testimonials, stories, statements, and/or personal or private facts, beliefs or information that I have communicated during or in connection with the photography/video taken on the date above.

I hereby waive any right to inspect or approve the finished videos, photographs, or educational/promotional material that may be used by MBHRS in connection with this consent form.

I hereby release, discharge, and agree to hold harmless MBHRS and its parents and affiliates and the directors, officers and employees and agents of the foregoing, form and against: (1) any liability as a result of any distortion, blurring, or alteration that may occur in taking, processing, reproduction, publishing, or distribution of the finished product; (2) any and all claims, actions and demands of any nature, including, but not limited to, claims of libel, defamation, publication of private facts, misappropriation of name or likeness, right of publicity or invasion of privacy, arising out of or in connection with the exercise of MBHRS;s rights hereunder; and (3) any liabilities arising out of redistribution or republishing of the video, photograph, or related content by any unauthorized third party.

I hereby Warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign this form if the individual photographed or videotaped is under the age of 18.

I have read and understand this form, and any questions I've had have been answered to my satisfaction. I understand that I will not receive any remuneration, now or in the future, and I waive any claim to same. I further understand and agree that this consent is perpetual with respect to products from the date stated above and may not be later revoked.

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

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

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

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

The subject cannot consent because \_\_\_\_\_

Therefore, I consent on behalf of the subject.

Authorized Representative Signature: \_\_\_\_\_

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