

SUCCESS STORY

Associate Media Waiver, Release and Licensee Agreement

Facility name: _____

In consideration for value received, the receipt of which is hereby acknowledged, I hereby grant to **Life Care Centers of America, Inc.**, its affiliates, partners, officers, agents, successors or assigns (Life Care) the absolute and irrevocable right, license and authority to copyright, publish, reproduce, exhibit, or use photographic portraits, pictures, motion pictures of me or written stories about me, or portraits, pictures, motion pictures or written stories in which I may be included in whole, or in part, or composite, or distorted in character or form, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise, made through any media. Life Care may exercise these rights and authorities in any way seen fit for productions, advertising, art, trade, or any other lawful purpose, all without any compensation to me.

I hereby waive any right that I may have to inspect, or approve the finished product, or the copy that may be used in connection therewith, or the use to which it may be applied.

I hereby forever release, discharge, and agree to hold Life Care harmless for any claim, demand, action, cause of action, or liability arising out of or resulting from the use of any such photograph, portrait, picture or motion picture of me or story about me, or in connection with any blurring, distortion, alteration, optical illusion, or in composite form whether intentional or otherwise, that may occur or result from taking, producing, or processing of said photograph, portrait, motion picture or story.

Witness my hand this _____ day of _____, 20_____.

Signature

Printed Name

Job Title

Work Phone Number

