Release

To: Ahley Grogg MSN-RN
Hoosiers for Medical Liberty
P.O. Box 9192
Fort Wayne, IN 46899

I am agreeing to participate in an interview or submit a written account of my personal testimony or experiences and my photo. I understand that you intend to record my participation in the interview and retain my written account. I consent to your use of my image and participation, in whole or in part, in this recording or written account and the promotion of it or other derivative material based on it, and I understand that you intend to use them for educational, promotional, and commercial applications.

You do not have any obligation whatsoever to use all or any part of my participation. You shall have the right to reproduce, distribute, prepare derivative works based on, publicly perform and display, advertise, and publicize my participation in the interview/written account or any materials provided without royalty or compensation to me, now or in the future.

I hereby waive any right to inspect or approve the finished interview or written account or any promotional material used in conjunction with the recording/written account, now or in the future, whether the use is known or unknown to me.

This release shall be governed in accordance with Indiana law, may be amended only in writing, and constitutes the entire agreement of the parties with respect to its subject matter. Any disputes arising hereunder or concerning the subject matter of this release shall be resolved by binding arbitration in Indiana in accordance with the Commercial Rules of the American Arbitration Association.

I have read and fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

The undersigned has signed this release on _____ (date).

_____
Print Name

_____
Signature

_____
Address

_____
Phone