



EDS Wellness Photography & Video Release

I hereby consent to the photographing of myself and 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 relating to EDS Wellness or any of its affiliated companies. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and use of said photographs and recordings of my voice. I hereby release EDS Wellness, and all of its affiliated companies, 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.

Print Name:

Signature: _____

Date: _____

For EDS Wellness participants under the age of 18 years: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Name of child:

Guardian name (Printed):

Signature: _____

Date: _____