



TERMS AND CONDITIONS

I acknowledge that I have voluntarily submitted to HealthCheck360 ("HealthCheck360") my success story, including photo, video, and additional information. By submitting my story, I agree to the following:

I understand my story may be used in connection with publicizing and promoting HealthCheck360. I authorize HealthCheck360 to use my name, brief biographical information, and media as defined on this form.

If I nominated someone else, I have confirmed that the person being nominated has been informed of the nomination and are content that their story may be used in connection with publicizing and promoting HealthCheck360. The nominee authorizes HealthCheck360 to use their name, brief biographical information, and media including photo, video, and additional information as defined on this form.

I hereby irrevocably authorize HealthCheck360 to edit, alter, copy, exhibit, publish or distribute such story and/or video for the purposes of publicizing and marketing HealthCheck360's services or for any other lawful purpose. These statements may be used in printed publications, social media, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against HealthCehck360 for the use of the statement. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my story appears.

I hereby hold harmless and release HealthCheck360 from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.