Release Agreement

1. I understand the photograph(s) or video or audio recording/interview taken of me by agents, employees or representatives of Lighthouse Guild which includes each of its subsidiaries shall be used in connection with Lighthouse Guild’s dissemination of information by its public service and education programs to the general public.

2. I hereby irrevocably authorize Lighthouse Guild to photograph or videotape me and to use, copy, reproduce, edit, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, including videos and television, online programs and Internet sites, for purposes of publicizing Lighthouse Guild’s programs or for any other lawful purpose. I understand this may include certain educational materials that may be offered for sale.

3. I authorize my name to be used together with the photograph   _____Yes   _____No

4. I understand and agree that any photograph(s), or video or audio recording/interview authorized by me may also disclose my Protected Health Information relevant to and related to my treatment or condition, and I authorize this disclosure.

5. I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

6. This release is worldwide and perpetual and is governed by the laws of New York State.

7. I hereby hold harmless and release and forever discharge Lighthouse Guild 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.

8. I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

____________________  _______  __________
(Signature)          (Date)

__________________________  _______  _______  __________
(Printed Name)             (Street Address)

____________________________________________________
(City, State, Zip Code)