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## Media Consent and Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I irrevocably grant to Wellspring MSO, LLC d/b/a Harmony Medical Care, its affiliates, subsidiaries, and its and their respective agents, employees, and officers (“Harmony Medical Care”), the perpetual, worldwide, exclusive royalty free license, right, and permission to copyright and/or trademark in the name of Harmony Medical Care and to videotape, film, audio record, electronically record, mechanically reproduce, photograph, web cast, edit, alter, copy, publish, broadcast, and otherwise use or disseminate in any form or fashion, including but not limited to, illustrations, bulletins, exhibitions, advertisements, educational materials, promotions, and all other purposes deemed appropriate by Harmony Medical Care, my name, signature, picture, video, voice, image, likeness, poses, appearances, movements, or any other indicia of my identity or activity of any nature created, depicted, captured, or recorded by or at the direction of Harmony Medical Care (collectively, “Materials”), in or in connection with any and all media of any kind and nature now known or developed in the future (collectively, “Media”), for any legal purpose, in any manner, and without further notification or authorization.

I agree that Harmony Medical Care may use, reuse, copy, publish, display, exhibit, reproduce, license to third parties, and distribute all Materials at its sole discretion and that I do not have any right to inspect or approve the use of the Materials in any Media, whether the use is known to me or unknown. Instead, Harmony Medical Care will have sole discretion in the manner in which the Materials may appear (for example, size, color, format, style) and be used. Harmony Medical Care may transfer all of the rights granted by this Media Consent and Release. I further waive, assign, and release to Harmony Medical Care all rights, title, and interest of any kind that I may have in the Materials produced and agree to release and hold harmless Harmony Medical Care and its owners, employees, contractors, and agents from any claims, damages, or liability from or related to the use of the Material, including but not limited to claims of libel, false light, invasion of privacy, moral rights, and rights of publicity, associated with the Materials or Harmony Medical Care’s use of the Materials in any Media. Further, I hereby waive any rights I may have to royalties, payment or other compensation that I may otherwise be entitled to for the Materials.

I am over eighteen (18) years of age and I have full legal capacity to grant this consent and release, and have read and understood the above consent and release prior to its execution. This release is made on behalf of myself, my heirs, executors, administrators, and assigns and is governed in accordance with the substantive laws of the State of Arizona without regard to the state’s conflict of laws rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_