

TESTIMONIAL  
Consent and Release



I, \_\_\_\_\_ (*name*) authorize Bayshore HealthCare Ltd., its affiliates, legal representatives, assignees and transferees (together, "**Bayshore**") to use, publish, reuse, republish, distribute, disseminate or otherwise make publicly available for any commercial use, including, but not limited to advertising and media releases, my and/or my family member's testimonial(s) relating to my or my family member's experience receiving health care services from Bayshore (the "**Testimonials**"), in whole or in part, whether individually or collectively with any other material, in any and all forms of media now or hereinafter known or developed in print media, in digital media, on the internet, in composite images or for any other lawful use as may be determined by Bayshore in its sole and exclusive discretion, including the use of my name, photograph, and any other personal information or personal health information that I may provide for such use.

I further completely release and discharge Bayshore from any and all demands or claims that may arise out of or otherwise be connected with the use of the Testimonials including, but not limited to, any and all claims for the violations of a right of publicity, a right of privacy or libel. I also waive any and all rights to approve or otherwise review any uses of the Testimonials.

This authorization and release will inure to the benefit of the legal representatives, licensees, heirs and assignees of Bayshore and will also be binding on me, my heirs, assignees and legal representatives.

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Signed

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Date