



4039 Newberry Road
Gainesville, FL 32608

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS

I hereby grant LifeSouth Community Blood Centers, Inc. the irrevocable right and permission, in connection with the photograph(s) that were taken of me or which I provided to LifeSouth Community Blood Centers, Inc., the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if LifeSouth Community Blood Centers, Inc. so desires.

I hereby forever release and discharge LifeSouth Community Blood Centers, Inc. from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of LifeSouth Community Blood Centers, Inc.

Please check *one*:

_____ I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.

_____ I represent that the subject of the photographs is a minor and that I am the parent of the minor and that I have read the foregoing and fully and completely understand the contents.

Subject or parent's signature

Date

Print or type both subject's and parent's name

Phone: _____

Address: _____

LifeSouth Community Blood Centers, Inc. staff signature and title