

CONSENT FOR MEDIA, PHOTOGRAPHS, AND INTERVIEWS

Date:

I give my consent for:

Mehling Orthopedics, Inc.; BHI Therapeutic Sciences, Blue Horizon Stem Cells, and/or Blue Horizon Charitable Foundation, and/or their affiliates (Hereinafter: "The Company") to take and use photographs or films of me and/or interview me for publicity, educational, marketing, advertising, and fundraising purposes through internal publication, external publication, radio, television, video, internet or any other legal way (Hereinafter: "Materials").

Such Materials will disclose the fact that I have been or still am a patient of Mehling Orthopedics, Inc. or BHI Therapeutic Sciences and may contain personal information about me, including but not limited to private health information, things I said or wrote, and facts that can be inferred from the photograph or film.

My name may/may not be used. (Cross out one)

Name of Patient/Subject:
Street Address:
City, State, Zip:
Telephone:
Signature of patient/subject:
Signature of parent/legal guardian:
If parent/legal guardian, please print name and state relationship to patient:
Name of photographer:
Name of interviewer:

I understand that I am not required to sign this form in order to receive treatment or payment for my care.

I understand that information used or disclosed under this authorization may be reused by The Company and may no longer be protected by privacy regulations.

I understand that I may revoke this authorization at any time by notifying The Company in writing, and the revocation will be effective on the date notified (except to the extent action has already been taken based on my earlier consent).

I understand that neither I nor The Company will receive direct or indirect payment for the communication related to this photo, film, or interview.

When completed, this form will be retained by Public Affairs, Marketing or Communications staff or other appropriate, authorized person or Agent of The Company. 8.28.2018