

PUBLICITY PARTICIPATION CONSENT, RELEASE & WAIVER

The undersigned has agreed to submit photos and videos regarding certain events occurring **at and around CentraState Medical Center on March 1, 2025 – December 31, 2025** for CentraState Healthcare Foundation’s 2025 Team Member Appeal Video (including any audio, visual, or other recordings thereof, the “Publicity”).

I agree that I, now or in the future, shall not be entitled to any payment of money or additional consideration, as a result of the Publicity, and hereby waive such right, now and in the future. I acknowledge and agree that sufficient consideration exists to support this Consent, Release and Waiver because I shall be allowed to participate in and gain valuable experience from participating in the Publicity.

I hereby consent to the recording, use and reuse of my image, likeness, voice, and any indicia of my identity on video, audio, photographic, digital, electronic, and/or other media, whether now known or hereafter devised, in connection with the Publicity. I understand that such recording, use and reuse may include the reproduction, exhibition, editing, publishing and/or distribution of such Publicity and hereby waive the right to review, inspect and/or approve any finished Publicity. I further understand that the Publicity may be used in whole or in part in perpetuity within an unrestricted geographic area, including on the Internet, for any purpose that Atlantic Health System, Inc., or those acting pursuant to its authority, may deem appropriate. Such purposes may be, for example, educational, promotional, commercial, and non-commercial.

I acknowledge and agree that, as a further condition of my participation in the above Publicity, I hereby hold harmless, and forever waive and release, Atlantic Health System, Inc., the affiliates, subsidiaries, licensees, successors and assigns and the respective officers, agents, employees and contractors of the foregoing (the "Releasees"), from and against any and all actions, claims, demands, liabilities or expenses that I may have, now or hereafter, relating to any injury, accident, illness, death, and/or any loss or damage to personal property, tangible or intangible, occurring during, or resulting from my participation in the Publicity, including, but not limited to, claims arising out of any negligence of Releasees.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS PUBLICITY PARTICIPATION CONSENT, RELEASE AND WAIVER AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS DOCUMENT INCLUDES CONSENT TO BE RECORDED, A WAIVER AND A RELEASE OF LIABILITY. I AGREE TO THE TERMS AND CONDITIONS AS STATED HEREIN AND AGREE TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITIES AND FURTHER REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT.

Signature

Date

Name (printed)

If the individual listed above is under 18 years of age, please complete the following: I hereby grant permission for my child/ward named above to participate in the Publicity, subject to the terms and conditions stated above.

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)