

Patient Photograph/Video and Information Release Authorization

Advocare, LLC	("Advocare") or third parties on Advocar	e's behalf are hereby authorized to take photographs
and/or videos	of	(hereinafter "I") for the following
uses:	[print patient name]	, , ,
<u>(ch</u>	eck all that apply)	
	Advocare's internet or intranet site;	
	Advocare's publications or brochures;	
	Public media (such as newspapers, mag social media sites);	gazines, television or Advocare's
	Presentations by Advocare member educational conferences or seminars;	rs, including professional and
	Other (specify):	
may be seen to rights related to electronic matt	by members of the general public; and (ii to them. I waive the right to inspect or ap	tographs and/or videos I have authorized for disclosure) Advocare owns the photographs and/or videos and all prove the photographs and/or videos and any printed or right to compensation, now or in the future, related to or os.
to information Authorization, <i>Privacy, 401 F</i>	which has already been released in I understand that I must submit my red	time in writing and that any such revocation will not apply accordance with this Authorization. To revoke this quest in writing to the <i>Director of Compliance, Audit & Marlton, NJ 08053</i> . Revocation requests may take up to
	nat I may decline to sign this Authorizatio ceipt of my signature on this Authorizatio	n and Advocare will not condition my treatment or any n.
Unless otherw	se revoked, this Authorization will expire	in 10 years from the date of this signed authorization.
I have read ar	d understand the information in this	Authorization.
Signature of P	atient or Patient's Legal Representative:	
Print Name:		
Dated:		
If Signed by Le	egal Representative, state relationship to	Patient:
1		