

Permission to Interview, Photograph, Videotape and/or Record

I, _____ (print full name), give consent to be interviewed, photographed, videotaped and/or recorded by Mosaic Medical's staff and representatives and by members of the media for (check all that apply):

- Myself.
- Any minor child and any other person noted below as a 'Dependent,' for whom I am the legal guardian.

Dependent 1 _____

Dependent 2 _____

Dependent 3 _____

Dependent 4 _____

I also give Mosaic Medical permission to use the following for publicity and other commercial purposes including, but not limited to, use in any and all printed materials, newspapers, radio, television, DVDs, websites and social media sites:

- My name and the name(s) of any Dependent(s).
- Any photographs, videos or other recordings, and any other image or representation of me and/or any Dependent(s).
- Any and all quoted statements and personal accounts obtained from me and/or any Dependent(s).

By signing below, I acknowledge that I have read and fully understand this document.

Signature

Date