

## GENERAL RELEASE FORM

Authorization for release of Photograph, Voice, Use of Likeness or Printed Quotes or Statements for promotional activities related to SunTech Medical® and its products and services.

### Authorization for use

I hereby release to SunTech Medical, (maintaining corporate headquarters at an address at 507 Airport Blvd., Suite 117, Morrisville, NC 27560), and its officers, agents, employees, independent contractors and/or affiliates the rights of my, or my company's, photograph, image, likeness, representative's voice as recorded on videotape or film, and any oral or written statement regardless of format (direct quotes or paraphrased by SunTech Medical) for the purpose of promotional videos, publications, and marketing material, including Internet publications.

### Use of testimonial/photo/video

I understand that these testimonials and reproductions may be used in the production of materials used to promote SunTech Medical's products, services and events or SunTech Medical in general, in perpetuity. I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

### Permission to revoke

At any time, I may revoke this permission by contacting SunTech Medical's Marketing Department. This revocation stops all future use of photos, videos and testimonials. I also understand that I do not have copyrights to any photographs, video or electronic reproductions made by SunTech Medical.

I further acknowledge that:

- (1) I am a person of legal age and the person identified below who is authorized to execute this release;
- (2) I have read this release in its entirety;
- (3) I fully understand and accept its terms; and
- (4) I have executed this release voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Company / Affiliation

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Phone

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Email

*Confidential Information*