



## **MEDIA AUTHORIZATION AND TESTIMONIAL CONSENT AND RELEASE**

The undersigned, \_\_\_\_\_ (hereinafter referred to as "Scholarship Applicant" or "I"), hereby consents and agrees to this Media Authorization and Testimonial Consent and Release ("Consent and Release") as follows:

I expressly agree and consent to be filmed, photographed, interviewed, and/or have my voice recorded, and to provide a written or video testimonial(s), before, during and/or after receipt of the OCULUS Optometry Student Scholarship (collectively referred to herein as "Media Images"). I hereby agree that my name may appear in all Media Images. My personal contact information shall not be used with or in any Media Images.

I further expressly agree and consent that OCULUS may use these Media Images in connection with publicizing and promoting OCULUS' services. I authorize OCULUS to use my name in and with these Media Images at their discretion.

I waive the right to inspect or pre-approve the finished product or products in which these Media Images may appear prior to their distribution or use by OCULUS.

I hereby irrevocably authorize OCULUS to copy, exhibit, publish or distribute the Media Images for the purposes of public relations, patient education, endorsements, testimonials, publicizing, advertising, and marketing OCULUS' services, or for any other lawful purpose. The Media Images may be used in printed publications, multimedia presentations, on social media, on the Internet, on websites, on television or radio, in any other distribution or medium, or any other advertising and marketing medium.

I agree that I will not make any monetary or other claim against OCULUS for the use of these Media Images and have no expectation of compensation in any form now or in the future for same.

I hereby hold harmless, waive and release OCULUS from any claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf have or may have by reason of this Consent and Release or based upon or relating to the use by OCULUS of my name, image, and likeness, and the Media Images, including but not limited to, libel, slander, invasion of privacy, infringement of copyright or any and all other potential legal theories of any nature or type, under state, federal or common law.

I certify that I am at least 18 years of age and that this Consent and Release is signed voluntarily and under no duress.

I understand that I may prospectively revoke this Consent and Release in writing at any time by providing written notice to OCULUS at [marketing@oculususa.com](mailto:marketing@oculususa.com).

I understand that revocation of this Consent and Release will prohibit future release, however it will not affect any action taken by OCULUS in reliance on this Consent and Release before receiving my revocation.

**I hereby execute this Consent and Release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**