

MEDIA AUTHORIZATION AND TEST	TIMONIAL CONSENT AND RELEASE
The undersigned, (hereinafter ref consents and agrees to this Media Authorization as Release") as follows:	erred to as "Scholarship Applicant" or "I"), hereby nd Testimonial Consent and Release ("Consent and
I expressly agree and consent to be filmed, p recorded, and to provide a written or video testim OCULUS Optometry Student Scholarship (collective agree that my name may appear in all Media Images with or in any Media Images.	ly referred to herein as "Media Images"). I hereby
I further expressly agree and consent that OCULI publicizing and promoting OCULUS' services. I aut Media Images at their discretion.	JS may use these Media Images in connection with horize OCULUS to use my name in and with these
I waive the right to inspect or pre-approve the Images may appear prior to their distribution or use	finished product or products in which these Media by OCULUS.
I hereby irrevocably authorize OCULUS to copy, the purposes of public relations, patient education, and marketing OCULUS' services, or for any other I printed publications, multimedia presentations, or television or radio, in any other distribution or media	awful purpose. The Media Images may be used in social media, on the Internet, on websites, on
I agree that I will not make any monetary or other lmages and have no expectation of compensation in	er claim against OCULUS for the use of these Median any form now or in the future for same.
I hereby hold harmless, waive and release OCUL that I, my heirs, representatives, executors, administr or may have by reason of this Consent and Release my name, image, and likeness, and the Media Image of privacy, infringement of copyright or any and all under state, federal or common law.	or based upon or relating to the use by OCULUS of s, including but not limited to, libel, slander, invasion
I certify that I am at least 18 years of age and that under no duress.	t this Consent and Release is signed voluntarily and
I understand that I may prospectively revoke t providing written notice to OCULUS at marketing@e	his Consent and Release in writing at any time by oculususa.com.
I understand that revocation of this Consent and not affect any action taken by OCULUS in reliance revocation.	Release will prohibit future release, however it will on this Consent and Release before receiving my
I hereby execute this Consent and Release this _	day of, 20
SIGNATURE	PRINT NAME

OCULUS, Inc. 17721 59th Avenue NE Arlington, WA 98223

Tel. +1 425-670-9977 Fax +1 425-670-0742 Email: sales@oculususa.com www.oculususa.com



2024 OCULUS OPTOMETRY STUDENT SCHOLARSHIPS

Enter to win a \$5,000 scholarship & more!

MISSION STATEMENT:

As a partner of optometric education, OCULUS, Inc. wishes to recognize two **third and fourth year optometry students** who best demonstrate **clinical excellence** in the area of **Anterior Segment Diagnostic Technologies** with the chance to win the following scholarship awards.

FIRST PLACE SCHOLARSHIP:

- \$5,000 award.
- \$1,500 travel stipend to attend the American Optometric Association ("AOA") Optometry's Meeting in Nashville, TN on June 19-22, 2024.
- An OCULUS Myopia Master® will be donated to the recipient's college of optometry.

SECOND PLACE SCHOLARSHIP:

- \$2,500 award.
- An OCULUS Easyfield® will be donated to the recipient's college of optometry.

GENERAL ELIGIBILITY:

Applicant must be third- or fourth year optometry students currently enrolled in a U.S.-accredited optometry program and follow the submission criteria set forth in the Application Form.

For more information regarding the scholarship and application process, visit www.oculus.de/us/optometryscholarship

Tel. +1 425-670-9977

Fax +1 425-670-0742

Email: sales@oculususa.com

www.oculususa.com



2024 OCULUS OPTOMETRY STUDENT SCHOLARSHIP

Application Form

SUBMISSION CRITERIA:

APPLICANT INFORMATION:

By **November 15, 2023**, applicant must (1) email a completed Application Form and Media Release to scholarships@oculususa.com; and (2) upload a one to two minute video essay (500MB maximum file size) (the "Video Submission") to

www.oculus.de/us/optometryscholarship. Video Submissions longer than two minutes will not be reviewed.

VIDEO SUBMISSION TOPICS (SELECT ONE):

- 1. How has the Pentacam® improved your patient care?
- 2. How has the Keratograph® 5M helped you care for dry eye patients?
- 3. How has OCULUS technology improved your patient care or your patients' quality of life?

Last Name: ______ First name:_____ Phone: _____ College/Program:_____ Current Academic Year: 3rd_____ 4th Video Submission Topic selected: Topic 1 ____ Topic 2 ___ Topic 3 ____ Will you accept the \$1,500 travel stipend to attend the AOA Optometry's Meeting in Nashville, TN on June 19-22, 2024?: Yes ____ No ___

SOCIAL MEDIA POST:

At applicant's sole discretion, applicant may earn up to an additional fifteen (15) grading points by **publicly** posting your Video Submission on any of the following social media platforms (check all that apply) and providing us with the URL to your Video Submission ("Social Media Post"). Please see OCULUS Optometry Student Scholarship – Grading Guideline (Attachment B) for more information on grading system. *Applicants must not* include any personally identifiable or specific patient information in their Video Submission. Limit one Video Submission per applicant.

Facebook:	 	
YouTube:	 	
Instagram:	 	
TikTok:	 	
LinkedIn:		