



**5
Star
Medical Inc.**

Social Media Consent/Release Form

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Dr. Donah Bulosan to use my photo and/or information related to my experiences with 5 Star Medical Inc. I understand this information may be used in publications, including electronic publications, promotional literature, advertising, social media, and/or other similar ways. Dr. Bulosan will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given as a public service to 5 Star Medical Inc. without expecting payment. I release Dr. Bulosan and 5 Star Medical Inc. and their respective employees from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I prefer that:

My complete name be used Y/N
My first name only be used Y/N
No name be used Y/N

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____