



## GENERAL NAME AND LIKENESS RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give **Koru Health & Wellness LLC, d/b/a Koru Wellness Aesthetics and Vivian Chin, MD, PLLC, d/b/a Koru Medical** and its licensees, designees and assignees (hereinafter collectively referred to as "KORU"), the absolute and irrevocable right and permission to photograph, film, videotape, and record and/or portray my name, voice, portrayal, actions and/or likeness for use and exploitation in connection with KORU's website, marketing, social media, and promotional materials ("Event") and to use the results and proceeds thereof (collectively the "Material") as follows:

To copyright the Material in KORU's own name or in any other name;

To use, incorporate, broadcast, distribute, reuse, publish, republish, alter and/or edit the Material and/or my name, likeness, voice and portrayal in whole or in part, severally or in conjunction with other material for any purpose and in any manner whatsoever as KORU so chooses in any and all media, now known or hereinafter devised, in any and all versions, throughout the universe and in perpetuity, as well as for promotion, merchandising, publicity, social media and advertising. KORU has no obligation to use the Material, my name, voice or likeness.

I understand that all rights in and to the Material, including the negatives, out-takes, sounds and the images contained therein, shall be KORU's sole and absolute property.

I represent and warrant that I have the right to grant KORU the above-mentioned rights without obtaining the permission of, or making any payments to, any third party or entity. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of KORU. I hereby release you from, and covenant not to sue you for, any claim or cause of action, whether known or unknown, for libel, slander, invasion or right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to the use of the Material or the exercise of any of the rights referred to herein. I agree to indemnify and hold harmless KORU and any person claiming under KORU, and the officers, directors, shareholders and employees thereof, from and against any liabilities, losses, claims, demands, costs (including without limitation to attorney's fees) and expenses arising in connection with any breach or alleged breach by me of any of the above representations, warranties or agreement hereunder.

I acknowledge that, in the event of any breach by KORU or any third party, the damage, if any, caused me thereby will not be irreparable or otherwise sufficient to entitle me to seek injunctive or other equitable relief. My rights and remedies in such event will be strictly limited to the right, if any, to recover damages in an action at law, and I will have neither the right to rescind or terminate this agreement or any of KORU's rights hereunder, nor the right to enjoin the use of the rights. This release constitutes our entire understanding and agreement with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties hereto. This release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives. This release will be governed in accordance with the laws of the State of New York applicable to contracts wholly negotiated, executed and performed therein.

I represent that I am over the age required by law to enter into binding agreements and my granting the rights herein granted. If I am underage, the signature of my parent, legal guardian or parental representative/agent below shall constitute consent on my behalf to the terms and conditions of this Release.

Please initial:

\_\_\_\_\_ Permission for doctor's eyes only/KORU internal record keeping.

\_\_\_\_\_ Permission for social media/marketing, subject to approval and other written consent.

\_\_\_\_\_ Permission for any use by KORU.

**Authorization:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Guardian/Parental Representative/Agent Approval (where necessary):**

Printed Name of Adult: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_