

# RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by Interim HealthCare Inc. to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of Interim Healthcare Inc., may use and/or reproduce such photographs and recordings.

I hereby release Interim HealthCare Inc., and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use. I understand that the release granted herein is irrevocable, and applies to any photograph of me or recording of my voice, whether taken before or after the date hereof.

I hereby acknowledge that I have read this release, and that I fully understand and approve of its terms.

| PRINT NAME: | SIGNATURE: | DATE: |
|-------------|------------|-------|
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |
|             |            |       |



**FAX or EMAIL to Meredith Troy:** 954-858-2870 Mtroy@InterimHealthCare.com