

CONSENT AND RELEASE AGREEMENT

I, _____, hereby irrevocably grant in perpetuity to the Canadian Sepsis Foundation (“CSF”), its affiliates, its legal representatives and assigns, and those acting under CSF’s permission and upon its authority, or those for whom CSF is acting, the absolute right and permission to:

copyright, use, re-use, publish and republish, and to license the right to use, re-use, publish and republish my testimonial (video or written) and to edit such testimonial in its sole discretion, in any medium or form of distribution without restriction as to changes or transformation in conjunction with my own or a fictitious name, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade.

I understand that I will not receive, and I waive any right to, any compensation for my likeness or testimonial. I also waive any rights to privacy that I may have in connection with the use of my likeness or testimonial.

I hereby waive any right that I may have to inspect and/or approve the finished product, the advertising copy, the printed matter, or the electronic matter that may be used in connection with my likeness or testimonial or the use, known or unknown, to which it may be applied now or in the future. I agree that I have no rights to the photographs, reproductions, negatives, videos or films, and all rights to such materials belong to CSF.

I hereby release, discharge and agree to save harmless CSF and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness or testimonial.

This agreement shall be governed by the laws of the province of _____ and the laws of Canada, as applicable.

INITIAL the applicable paragraph below:

____ I am eighteen years of age or older and have every right to contract in my own name with respect to this Consent and Release Agreement. I have read this Consent and Release Agreement prior to its execution, and I fully understand and agree to the terms in this agreement. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

____ I am eighteen years of age or older and the parent or legal guardian of the child named below, who is under eighteen years of age. I am entitled and authorized to sign this Consent and Release Agreement and to grant the rights under this agreement to CSF. I have read this Consent and Release Agreement prior to its execution, and I fully understand and agree to the terms in this agreement. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Signed by: _____ Date: _____

Printed name: _____

Address: _____