



American Health Partners, Inc.
201 Jordan Road, Suite 200
Franklin, TN 37067

EMPLOYEE PHOTOGRAPH AND PUBLICITY RELEASE FORM

I hereby grant to American Health Partners, Inc. and its subsidiaries (collectively referred to herein as "COMPANY") the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in photos, video recordings, audio recordings, digital images and other materials, taken or made by or on behalf of the COMPANY in the course of my employment with the COMPANY. I agree that the COMPANY has complete ownership of such materials and may use said materials for promotions, publicity, illustrations, brochures, advertising, media releases, website content, newsletters, or magazines, in any manner, medium or form, whether now known or hereafter existing. I acknowledge that I will not receive any compensation for the use of such materials for the purposes stated herein.

I hereby release and discharge the COMPANY and its employees, officers, parent company, and affiliates from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including, but not limited to any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

By signing below, I certify that I fully understand the contents, meaning, and impact of this release.

Name (Printed): _____

Signature: _____

Date: _____