

Release Form

Donor Family Members

2902 N.Orange Avenue Suite i
Orlando, FL 32804
407.422.2020
CorneaGen.com

I, _____, as the family member of _____

_____, the ocular tissue donor (the "Donor"), hereby give permission to CorneaGen and its subsidiaries, affiliates, employees, and agents (collectively, "CorneaGen") to use my and/or the Donor's personal information including, but not limited to, the Quilt Patch and story I submitted and any information contained therein, my name, the Donor's name, the ocular tissue the Donor donated and any and all photographs, digital images, recordings, and/or videos of myself and/or the Donor (collectively, the "Materials").

1. I hereby authorize CorneaGen to reproduce, modify, publish, display or otherwise use and disclose the Materials for the purpose of promoting CorneaGen, CorneaGen's services, and the benefits of ocular tissue donation and transplantation.
2. I understand that the use and disclosure of the Materials may occur in or through any existing or future form of media, including but not limited to, Internet (e.g. the CorneaGen website), social media (e.g. Facebook, Twitter, or LinkedIn) print (e.g. informational packets, brochures, magazine or newspaper articles), and/or radio or television advertisements.
3. I represent and warrant that I am legally authorized to provide CorneaGen with any and all Materials relating to the Donor.
4. I, my estate and heirs waive all rights and release CorneaGen, its affiliates, subsidiaries, and its/their agents and employees from any claim or cause of action, whether now known or unknown, for defamation, libel, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of my or the Donor's name, image, statements, likeness and/or any Materials in connection with the aforementioned uses.
5. I understand and acknowledge that all Materials shall become property of CorneaGen.
6. I waive any right to inspect or approve the finished products or the copy of printed or on-line matter that may be used with the Materials.
7. I understand that this release will remain in effect until revoked by me in writing.

Print Name of Individual

Relationship to Donor

Signature of Individual

Date

Email Address

Phone, Including Area Code

Street Address

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City/State/ZIP