## Social Health Connexion 2022 Virtual Event Attendee/Presenter Media Release

Health Union, LLC (herein referred to as "Health Union") is granted the right to photograph, record, video, and/or otherwise capture and use my full name, image, likeness and/or the sound of my voice (the "Recordings") without payment or other additional consideration via this release (the "Release"). I understand that the Recordings may be edited, copied, exhibited, published or distributed, and I hereby waive the right to inspect or approve the same. I also understand that any content loaded to any of Health Union's social media platforms, Health Union's website, and any websites owned and operated by Health Union will list "Editorial Team" as the author, rather than any individual's name. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the Recordings.

The Release applies to all Recordings captured as part of the Social Health Connexion 2022 conference being produced by Health Union as follows:

Date: Tuesday, August 23, 2022 - Thursday, August 25, 2022

There is no time limit to the validity of the Release, nor is there any limitation as to the geographic area and/or type of media wherein or by which the Recordings may be distributed.

The Recordings may be utilized by Health Union and related entities for the following purposes:

- Display and publication via digital media, including but not limited to, websites and social media platforms on the Internet
- Marketing and promotional (PR) purposes
- Display and publication in print, digital, and/or broadcast media
- Conference and awards show presentations
- On-location broadcasts and advertisements
- Display and publication in community-specific content that may be published on Health Union's social media platforms, Health Union's website, and any websites owned and operated by Health Union, campaigns to raise awareness; and educational, informational, or business development presentations and collateral material.

	INDIVIDUAL Attendee/Presenter:
Date:	Sign:
	Name:
	Address:

	City, St, ZIP (etc.):	
	Phone No.:	