AUTHORIZATION AND RELEASE

Purpose of Authorization and Release. By signing this authorization and release form (the
"Authorization and Release"), I,, hereby grant to Next Door Neighbors, LLC, its subsidiaries, agents, licensees, successors and assigns, including Ascension Complete ("Ascension
its subsidiaries, agents, licensees, successors and assigns, including Ascension Complete ("Ascension
Complete"), the right to use (i) my name (in whole or in part), voice and appearance; and (ii) audio/visual
recordings, verbal recordings, written statements, pictures, portraits, photographs, and any other image or
likeness of me; (iii) biographical or occupational descriptions or phrases regarding me; and (iv) incidents
or anecdotes concerning me and my experience with Ascension Complete (the "Material") in any and all
manner and media now known or later developed and for all types of advertising, publicity, promotion
and other trade purposes, now and for any future use, throughout the world in perpetuity. I understand that
any of my protected health information that is disclosed pursuant to this Authorization and Release may
be subject to redisclosure and may no longer be protected by HIPAA I also understand that all other
protected health information that Ascension Complete creates and maintains for purposes of providing me
with health benefits will not be used for marketing purposes without my prior authorization in accordance
with state privacy laws and the Health Insurance Portability and Accountability Act and its implementing
regulations ("HIPAA").
(initial) I specifically authorize the release of information pertaining to alcohol, drug,
and/or substance abuse, diagnosis, or treatment.
(initial) I specifically authorize the release of information pertaining to mental health
diagnosis or treatment.
(initial) I specifically authorize the release of information pertaining to HIV/AIDS test
results.
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No Remuneration. I agree that I am voluntarily granting Ascension Complete the right to use the Material as described above, and I am receiving no financial remuneration from Ascension Complete therefor. I understand that Ascension Complete has not received any remuneration from any source in connection with its use of the Material.

<u>IP and Release of Claims</u>. I agree that Ascension Complete is the owner of all copyrights and other intellectual property rights in the Material throughout the world and may edit, reproduce, prepare derivatives of, distribute, perform, display, transfer and copyright the Material in its sole discretion without additional authorization from me or payment to me. I acknowledge and understand that I am relinquishing any and all rights that I may have to examine or approve the completed product or products or the advertising copy or printed or electronic material that Ascension Complete develops from the Material. I expressly release Ascension Complete from any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of any and all uses of the Material.

Right to Revoke: I understand that I have the right to revoke this Authorization and Release at any time by providing a written request to the following address: Ascension Complete, Attn: Compliance, PO Box 10420 Van Nuys, CA 91410. I understand that if I choose to revoke this Authorization and Release, it will become effective on the day of the revocation of the Authorization and Release. Any prior uses and disclosures of the Material will not be subject to the revocation of the Authorization and Release.

Refusal To Sign . I understand that I may refuse to sign this form and that my receipt of health insurance from Ascension Complete and payment for my health care will not be affected if I do not sign this form. Expiration . This Authorization and Release will expire [5 years] after the date of my signature. After the expiration, I understand that Ascension Complete will not be allowed to use the Material to develop and engage in any new marketing activities without my additional authorization thereof.			
Printed Name	Signature	Date	
If a minor:			
I certify that I am the [parent/legal guardian] of the individual who executed this Authorization and Release. Acting both for myself individually and on behalf of said individual, I authorize the execution of this Authorization and Release by said individual and the grant of right made therein.			
Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date	

* YOU MAY REFUSE TO SIGN THIS AUTHORIZATION FORM*