MEDIA RELEASE

I, _____, hereby consent and grant Element Health, Inc. the irrevocable right to use my name, likeness, image, voice, appearance, and/or performance as obtained via interview, statement, photograph, audio recording or video ("Materials") regarding my personal involvement in the LiveSmart wellness program as well as protected health information relating to my health or its improvement through the wellness program for any legal purpose, including but not limited to training, illustration, social media, promotion, art, editorials, publication, research, education, advertising, and other general marketing ventures.

I acknowledge that my name and identity may be revealed in the Product or by descriptive text or commentary and hereby consent to the same. I further acknowledge and understand that my health information is protected under the Health Insurance Portability and Accountability Act (HIPAA) and hereby release the use and dissemination of the same as determined by Element Health, Inc.

I acknowledge that I have no interest, ownership, or copyright in the Materials obtained by Element Health, Inc. and that Element Health, Inc. may use such Materials without providing any compensation, royalties, or notice to me. I waive the right to inspect, approve, and/or to otherwise control the use of the Materials obtained by Element Health. Inc, now or in the future, whether or not that use is known to me or unknown.

_____ _____

(Signature) (Witness Signature)

_____ _____

(Name) (Witness Name)

_____ _____

(Date) (Date)