

MEDIA RELEASE FORM

I,, grant permission	to Your Medical Store, LLC, hereinafter known as
the "Media" to use my image (photographs and/or	
Videos, Email Blasts, Newsletters, General Public	cations, and Website Use. I,
	finished photographs or electronic matter that may
	ture, whether that use is known to me or unknown,
and I waive any right to royalties or other compen	
images and/or video.	G
Please initial the paragraph below which is applic	able to your present situation:
	ompetent to contract in my own name. I have read
this release before signing below, and I fully under	
release. I understand that I am free to address an	
submitting those questions in writing prior to signi	
interpreted as a free and knowledgeable acceptal	
	pelow named child. I have read this release before
	s, meaning and impact of this release. I understand
·	egarding this release by submitting those questions
in writing prior to signing, and I agree that my failu	•
knowledgeable acceptance of the terms of this re	lease.
Signature:	Date:
Name (please print):	
Address:	
Signature of parent or legal guardian:	Date:
(if under 18 years of age)	

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