



FSI, 7 West Bath Road, Bath, NH 03740
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RELEASE for the use of BEFORE & AFTER Photographs, WRITTEN Testimonials and/or RECORDED Audio Testimonials.

I hereby grant FSI., of 7 West Bath Road, Bath, NH, 03740, permission to use my likeness in a photograph, my voice in a recorded testimonial for their product, and/or my words in a written or recorded testimonial for their for their product in any and all of it's publications, including website entries, without additional payment or any other consideration, beyond the promotional offer listed below.

I understand and agree that these materials will become the property of FSI and will not be returned.

I hereby irrevocably authorize FSI to edit, alter, copy, exhibit, publish or distribute these photos and/or written or recorded testimonials for purposes of advertising or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the photos and/or written or recorded testimonials I have submitted appear.

In exchange for the use of these photographs and/or written or recorded testimonials, I will receive a onetime free product offer from the FeMax Breast Enhancement Program, from FSI. The free product will be available upon receipt of this signed document and submission of testimonial and/or photographs of acceptable and useable quality.

I waive any rights to royalties or any other additional compensation arising from or related to the use of these photographs and/or written or recorded testimonials.

I hereby hold harmless and release and forever discharge FSI. from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I certify that I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

(Date)

(Printed Name)