

A MOMENT IN YOUR SPECTACULAR LIFE 2018 CALENDAR!

Our 2018 calendar will highlight just how amazing life can be, even with a bleeding disorder! Share with us your wonderful, happy photos of living life with a bleeding disorder! Only first names will be listed with the photos in the calendar. Please send your photo and completed, signed Media Release form either by post or email. A fill-able release form is also available on our website: www.matrixhealthgroup.com

Please submit photos by: September 15, 2017

We are unable to return your photos. Please do not send your originals!

Email form and photo to: maria.vetter@matrixhealthgroup.com

Or by post: Matrix Health Group 2018 Calendar
3300 Corporate Avenue, Suite 104; Weston, FL 33331



Matrix Health Group 2018 Spectacular Life Calendar

Please include my photo(s) depicting a spectacular moment in the life of a person with a bleeding disorder in the 2018 Matrix Health Calendar!

Name _____	Printed name of person(s) in photo: _____	Age (if a minor) _____
Address _____	_____	_____
_____	_____	_____
Phone _____	_____	_____
E Mail _____	_____	_____

Authorization for Media Release

I hereby authorize BioMatrix, and its representatives or agents, to use and disclose information about me or my child, including protected health information as defined by federal and state law, for use in publications and to the general public or media. The information may include my or my child or children's name, diagnoses, photographic images, video, and audio. The information may also be disclosed to external media and may be disclosed in the following, but not limited to, forms: press releases, stories, photographs or video clips. It may also be used for publications produced by or on behalf of BioMatrix, including but not limited to advertising, promotional and marketing materials ("Materials"). Such Materials may include sales and educational brochures, display boards, sales campaigns, promotional items, company newsletters, social media, and websites. I authorize BioMatrix to use, reuse, copy, publish, display, exhibit, reproduce, license to third parties, and distribute the materials in any educational or promotional materials or other forms of media, which may include, but are not limited to articles, magazines, advertisements, recruiting brochures, websites or publications, electronic or otherwise, without notifying me. I understand that I will not be compensated in any way for the taking or use of my or my child's or children's information, photographs, films, audio, and/or video. I understand that BioMatrix will not condition treatment on my provision of this authorization. I understand that any information used or disclosed pursuant to this authorization is no longer protected by federal or state law and may be re-disclosed.

Waiver and Release from Liability

In consideration of the parties' mutual promises, the sufficiency of which is hereby acknowledged, I waive any and all claims that I, my heirs and assigns may have, now or in the future, against BioMatrix, its affiliates, employees, agents or assigns and release BioMatrix from any and all liability from damages, arising from or relating to BioMatrix's use and disclosure of my protected health information, identifying information, and photographs or images as described above. I understand that this authorization is voluntary, and that I may revoke the authorization at any time by presenting my written revocation to BioMatrix. To do so, I must send a written notice to the BioMatrix Privacy Officer at 3300 Corporate Avenue, Suite 104, Weston, FL 33331. I understand that such revocation will not apply to information that has already been released in response to this authorization.

X _____
Signature (if under age 18, parent/guardian signature required) Date Basis of representative's authority (i.e. parent, guardian)

All participants will receive a calendar mailed to the address on the release. Please provide names and addresses if you would like a calendar sent to additional locations. Participants will also be added to the Matrix Health Group News mailing list.

- I am not submitting a photo, but please send me a 2018 Matrix Health Group Calendar!
- Please check if you **do not** wish to be added to our newsletter mailing list.