

Dr. Gail Jackson

READ AND SIGN THE RELEASE OF LIABILITY FORM BELOW:

RELEASE OF LIABILITY

I, the participant, do hereby give Gail N. Jackson M.D, and her assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph and to be videotaped in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, website or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I understand that my story, voice or likeness can and will be used for the TV and/or radio show, website, seminar presentations and such. I understand that I am not receiving any monetary compensation for such now and in the future.

With full knowledge and understanding of all of the above, I hereby agree for myself, and all of my family and heirs, to **RELEASE** Gail N. Jackson M.D, its international, national and state umbrella organizations, as well as all local chapters, groups and clubs, from all liability, claims, demands or any causes of action of any kind, in tort or in contract, which may arise during my participation in or my transportation to and from any activities.

I further **RELEASE** Gail N. Jackson M.D, her officers, directors, members and agents, in their capacity as representatives of Gail N. Jackson M.D, from all liability, claims, demands or any causes of action of any kind, in tort or in contract, which may arise during my participation in or my transportation to and from any of their activities.

I understand that participation demonstrates my approval and agreement of this application.

I represent that I am of legal age. I **HAVE READ AND I BOTH UNDERSTAND AND AGREE** to the terms and conditions of the **RELEASE OF LIABILITY**, above.

Your Signature

Date

Print Your Name

