

RELEASE AND WAIVER

For value received, including the opportunity to be interviewed about my treatment, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to **Option Care Health, Inc.**, and its directors, officers, partners, agents, affiliates, subsidiaries, employees, publishers, licensees, successors and assigns ("User") the irrevocable and unlimited right, to the extent permitted by law and permission to use, adapt, modify, reproduce, distribute, and display worldwide my likeness, voice, photograph, image, name, and biographical information, in whole or in part, in any medium now known or later developed, for commercial, trade, advertising, promotional, and other lawful purposes.

I understand that I do not have any right to edit, control, or preview any such materials and that that User is not required to use me or my story in any advertising or promotional materials. If I provide a photograph, drawing or depiction of myself to User, I warrant that I have the necessary rights to grant the rights to User herein.

On behalf of myself, my heirs, and assigns, I hereby release and hold harmless User from any and all claims, damages, liabilities, and causes of action arising out of or related to the sale, use, adaptation, reproduction, distribution, display, advertising, promotion, marketing or exhibition of my likeness, voice, photograph, image, name, and biographical information including, but not limited to, any claims for misappropriation, blurring, distortion, trespass, invasion of privacy, defamation, outrage, the infliction of emotional distress, infringement of my right of publicity, copyright infringement, or any other statutory or common law causes of action.

This Release and Waiver shall be governed by, and construed in accordance with, the laws of the State of Illinois, and represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

I HAVE READ THE ABOVE RELEASE AND WAIVER, PRIOR TO SIGNING, AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: _____

Printed name of individual: _____

If the individual cannot sign, authorized representative must sign below:

The undersigned hereby warrants that I am the legal guardian or power of attorney of the above person, and have full authority to sign the above Release and Waiver, which I have read and approved. Further, I hereby release and agree to indemnify User from and against any all liability arising out of the exercise of the rights granted by the above Release and Waiver.

Signature

Dated: _____

Printed name of person signing for individual, and description of legal right to act for individual (**attach any pertinent documents**)

[Provide individual with a copy of this entire document]