



CONSENT AND RELEASE FORM

I, _____ (*Printed Name*), give permission to BioBridge Global, a Texas nonprofit corporation, and its nonprofit subsidiaries South Texas Blood & Tissue Center, QualTex Laboratories, GenCure and The Blood & Tissue Center Foundation, their employees, successors, assignees and licensees (collectively "BBG") with respect to the following:

1. The rights to use, publish, broadcast, and reproduce my name, my image (whether digital/electronic, video, or through social media), and/or my voice (as applicable) (collectively "My Image") for use by BBG for all lawful uses and purposes as BBG may elect from time to time without further notice; and
2. All right, title and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and the right to give, transfer, or display My Image for media, social media, marketing, communications and education purposes.

I understand and acknowledge that:

3. This consent and release form (Form) extends to contractors and representatives (e.g., media outlets, news organizations, and other third parties of BBG) who may provide publicity, informational or other services to BBG and that any of My Image, may be used by such contractors and representatives.

I waive and release:

4. any rights to receive any compensation or payment for:
 - (i) signing this Form, and
 - (ii) for use of any of My Image as permitted by this Form; and
5. any proprietary rights I may have to My Image; and
6. any right to review or approve My Image; and
7. BBG and their respective employees, successors, assignees, licensees, agents, representatives and contractors from any and all claims, actions, and liability for damages, losses, or expenses of any sort which may arise in connection with the use of any of My Image as permitted by this Form.

I (and, if applicable, my parent or legal guardian) acknowledge that I/We have read and understand the contents of this Form, and by signing below confirm that:

- a. I/We understand the significance and meaning of the terms of this Form; and
- b. I/We have been given full opportunity to ask questions and discuss the implications of this Form; and
- c. I/We give consent and sign this Form voluntarily of my own free will without duress and my decision is not based upon representations or advice provided by BBG; and
- d. I/We have legal capacity to sign this Form.

A parent or guardian must also sign for persons under 18 years old.

Signature: _____ Date: _____

Printed Name: _____

Address, City, State & Zip: _____

Phone: _____

Email: _____

Parent or Legal Guardian (if applicable):

Signature: _____ Date: _____

Printed Name: _____

Address, City, State & Zip (if different from above):

Once signed, a copy of this Form will be provided to you for your records. The original will be kept by BioBridge Global's Corporate Communications department. If you have any questions, please call 210-731-5555 extension 1520.

(Office use only)

Received by: _____ (BBG Representative)

Date: _____

Description of photo video:

Date: _____ Time: _____ Event: _____

Place: _____

Location of photos: _____