RELEASE FORM

Corporate Sports Unlimited, Inc. / Corporate Health Unlimited 6400 Highlands Parkway, Suite H, Smyrna, GA 30082

Permission to Use Photograph, Video, Testimonial and Quotes

I have read and understand the above.

Function: FitTripRx Program

I grant Corporate Sports Unlimited, Inc. / Corporate Health Unlimited the right to use/take photographs, videos, testimonials and quotes of me in connection with the above identified program. I authorize Corporate Sports Unlimited, Inc. / Corporate Health Unlimited, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Corporate Sports Unlimited, Inc. / Corporate Health Unlimited may use and publish such photographs, videos, testimonials and quotes of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

Signature	 Date	
Signature	Date	
Printed Name		
Address		
authorization to use and publish such	orporate Sports Unlimited, Inc. / Corporate Health high photographs, videos, testimonials and quotes of purpose, including for example such purposes as p	me with or
illustration, advertising and web cont		,,
Signature	Date	
Printed Name		
Address		





