# Release Form

## Donor Family Members

2902 N.Orange Avenue Suite i
Orlando, FL 32804
407.422.2020
CorneaGen.com

*I, _____, as the family member of _____*

*_____, the ocular tissue donor (the "Donor"), hereby give permission to CorneaGen and its subsidiaries, affiliates, employees, and agents (collectively, "CorneaGen") to use my and/or the Donor's personal information including any information contained therein, my name, the Donor's name, the ocular tissue the Donor donated and any and all photographs, digital images, recordings, and/or videos of myself and/or the Donor (collectively, the "Materials").*

1. *I hereby authorize CorneaGen to reproduce, modify, publish, display or otherwise use the Materials to share the story and legacy of the Donor, and to promote CorneaGen, its services, and the benefits of ocular tissue donation and transplantation.*
2. *I understand that the use and disclosure of the Materials may occur in or through any existing or future form of media, including but not limited to, internet (e.g. the CorneaGen website), social media (e.g. Facebook,X, or LinkedIn), print (e.g. informational packets, brochures, magazine or newspaper articles), and/or radio or television advertisements.*
3. *I represent and warrant that I am legally authorized to provide CorneaGen with any and all Materials relating to the Donor.*
4. *I understand and acknowledge that all Materials shall become property of CorneaGen and may be edited or adapted as needed.*
5. *I waive any right to inspect or approve how the Materials may appear in print or online.*
6. *I understand that this permission will remain in effect unless I revoke it in writing. I understand that revocation does not apply to materials already shared or published before the date of my written request.*

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|---|---|
| Print Name of Individual | Relationship to Donor |
| Signature of Individual | Date |
| Email Address | ( ) Phone, Including Area Code |
| Street Address | City/State/ZIP |

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