

PHOTOGRAPHY/VIDEO RELEASE

By this release I consent to the recording, videotaping or photographing of my image and/or voice by Digital Pathology Association, Inc. ("DPA"), perpetually and throughout the world, (a) in connection with any video, audio or photographs taken in connection with a(n) _____, (b) in any related advertising, video or audio recordings, printed publications and Internet publications, and (c) in any other medium for a related purpose. I also consent to the use of my name in such media.

I acknowledge and agree that DPA, and its successors and assigns, is the sole owner of all copyrights, literary rights and similar rights to such media. DPA agrees to preserve the integrity of my likeness, voice and name.

By this release I consent to the use of my likeness in such photograph(s) perpetually and for all media throughout the world (including print, Internet and any other electronic medium).

I understand and agree that I shall receive no compensation for the use of my likeness, voice and name in such media.

I am over eighteen (18) years of age.

Dated: _____

Signature: _____

Signature of Witness: _____