

Consent to Prepare and release Materials

I	am a current or former patient of, parent or guardian
of a current or former patient, rec	ipient of blood, blood products, marrow, organ and/or tissue from, or
donor to, Versiti, Inc. ("Versiti") ar	nd have been asked to consent to Versiti's preparation and release for
publication of: \square my testimonial;	\square photos, videotapes, digital or other images of me; \square other (please
describe):	The information or items to be prepared and released by
Versiti are referred to hereafter as	s the "Materials."

I understand that the Materials may contain my image, words, voice, likeness, name or other identifying characteristics.

By signing this consent, I certify that I personally and in good faith believe in the truthfulness of any of the statements I made in the Materials. If at any time I no longer endorse one or more of the statements or opinions expressed in the Materials, I will promptly and in writing so notify Versiti by directing my written notice to: Versiti, Inc., Attn: Corporate Marketing, team Lead Corporate Marketing Operation, 638 N. 18th Street, P.O. Box 2178, Milwaukee, WI 53201-2178.

I understand that the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations governing privacy (collectively "HIPAA") require that I also sign an authorization to use and disclose my individually identifiable health information ("HIPAA Authorization"). I understand that the HIPAA Authorization sets forth certain of my rights under HIPAA and that nothing herein shall be viewed as affecting such rights.

I hereby authorize Versiti to display or release the Materials, including, but not limited to, my name, likeness and voice, without limitation, to the general public in any and all media, including, but not limited to, publications, broadcast, cable, satellite and the Internet for the purposes stated on the HIPAA Authorization.

Subject to the foregoing, I further grant to Versiti any and all rights of whatever nature I may have with respect to the control and use of my statements, work, appearance, voice and movement in connection with the Materials. Versiti may use, release, publish, broadcast and re-broadcast the Materials as applicable, in any manner it chooses, including, but not limited to, in publications, via videotape or movies, over radio waves, by cable or satellite transmission, or on the Internet as Versiti or any of its licensees or assignees determines appropriate. Versiti may edit and re-edit the Materials as determined by Versiti in its sole discretion.

I hereby waive all rights that I may have to any claims for payment, compensation or royalties in connection with the use of the Materials or any exhibition, televised event, or publication of the Materials, including, but not limited to, testimonials or photographs, motion pictures, or video tapes, prepared pursuant to this Consent.

By signing this Consent, I hereby fully release, indemnify and hold harmless Versiti and its affiliates, members, officers, directors, employees and agents of any nature whatsoever, on behalf of myself, my successors or assigns, from and against any and all liabilities, claims, damages or injuries whatsoever, arising out of, having any connection with or as a result of my participation related to the Materials, including but not limited to, the taking or preparation of the Materials, and their use, copying, distribution, publication, release, disclosure or display, including any liabilities arising from any negligent acts of Versiti, its affiliates, members, officers, directors, employees or agents.

Dated this _____ day of _______, 20___.

Signature of Patient/Recipient/Donor/Legal

Representative and Relationship thereto