

PERSONAL RELEASE

For good and valuable consideration, the receipt of which is acknowledged, I hereby grant to iNeuroRehab a division of Canadian Neurophysiotherapy Services Inc., and its authorized representative(s), the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner my image, voice, likeness and performance for use in relation to the products and services of iNeuroRehab, including the marketing and promotion of iNeuroRehab, its affiliates and practitioners, in all media and all languages. All images and sound captured on tape, digitally, or otherwise shall be referred to in this Personal Release as the recordings (the “**Recordings**”).

I agree that iNeuroRehab shall (i) own all rights in the Recordings, (ii) have the right to use the Recordings as it deems appropriate, in whole or in part, for all promotion and publicity purposes of iNeuroRehab and its products and services, in any and all digital and print media (including social media), now or hereafter known, in all jurisdictions and territories globally. I acknowledge that as the owner of the Recordings, iNeuroRehab may edit the Recordings and combine them with recordings of other individuals to create a singular output.

I acknowledge and agree that iNeuroRehab is under no obligation to use or exhibit the Recordings in any manner. I waive (i) the right to inspect, review or approve of any use of the Recordings; (ii) any rights to injunctive relief I may have in connection with this Personal Release, (iii) the right to revoke this Personal Release, and (iv) any moral rights I may have in the Recordings.

I agree that (i) no sum shall be due to me for execution of this Personal Release, and (ii) no fees or payments are payable by iNeuroRehab in respect of the use of the Recordings as provided for in this Personal Release, to me or any third party.

This Personal Release shall be governed by the laws of the Province of Ontario and shall be binding on my legal representatives, heirs and assigns and iNeuroRehab’s licensees and assigns. I represent and warrant that I have the right, power, and authority to grant the rights set forth in this Personal Release. This Personal Release represents the entire understanding in effect between the parties.

Agreed to and accepted this ___ day of _____, 2022, at Toronto _____, Ontario,

By: _____
(Individual’s signature)

Witness: _____

Name (please print)

Name (please print)

Tel: _____

Tel: _____

Address: _____

Email: _____