



Artwork and Picture, Likeness and Image, and Confidentiality Release

Exhibit I

While at Aurora Center For Healing, your son or daughter will have the opportunity to participate in many experiential activities. To help remember these activities, Aurora Center For Healing would like permission to take pictures of your son/daughter. And for your son/daughter to take pictures of the other students during these activities as well. Aurora Center For Healing will use these pictures to hang in the houses, create slideshows for parent weekends, to give to you, your son/daughter, and other students. Aurora Center For Healing will not use these photos for marketing purposes without contacting you for additional, specific permission. I give permission to the Aurora Center For Healing employees to post my son/daughter's picture on a password-protected website to be viewed only by current Aurora Center For Healing and alumni families and Aurora Center For Healing employees, and I release Aurora Center For Healing from any claims or liabilities that may arise from such use. I, _____, grant to Aurora Center For Healing Residential Treatment Center, ("Aurora Center For Healing") and its parent, subsidiaries, and other affiliate companies (collectively, "Aurora Center For Healing") the following rights with regard to my ☐ son/ ☐ daughter _____: I give permission for my son/daughter's artwork to be photographed and/or displayed at Aurora Center For Healing and to be used for conference presentations, in print and online marketing materials and in connection with any other publications of Aurora Center For Healing, and I release the Aurora Center For Healing from any claims or liabilities that may arise from such use. By signing this waiver and release, I grant permission and a worldwide, irrevocable, perpetual, royalty-free license to Aurora Center For Healing, and to their employees and agents, to use my son's/daughter's artwork for advertising and marketing in various media, including but not limited to television, internet, video and print media, for use in conference presentations, and in connection with any other publications, at the discretion of Aurora Center For Healing. I grant this permission and license with the understanding that Aurora Center For Healing will not materially alter the original artwork or images. I give permission to Aurora Center For Healing to give my name to Alumni families to provide support to our family during my son's/daughter's stay at Aurora Center For Healing.

Signed and agreed to this _____ day of _____,
20____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Signature of Authorized Aurora Center For Healing Rep.