



EMPLOYEE MEDIA RELEASE AUTHORIZATION

I authorize Res-Care, Inc. d/b/a BrightSpring Health Services, and its employees, subsidiaries, agents and vendors ("Res-Care"), to use, disclose, reproduce, distribute, publish and display to the public photos and videos ("Image Information") taken of

_____ (Print Name) ("Employee") for the purpose of Res-Care marketing and advertising its services. I understand and agree that Res-Care may also publish Employee's name and other biographical information and that Employee will be identified by the Image Information disclosed. I understand and agree that disclosure of Employee's Image Information to the public includes, but is not limited to, publishing in print media, TV, websites, blogs, and social media, including Facebook, Instagram, Snapchat, Twitter, and YouTube. I understand that once Image Information is disclosed to the public it may be re-disclosed to others and will not be subject to protection under HIPAA or other Federal and State privacy laws.

I release, discharge and hold Res-Care harmless from any and all claims (including compensation) related to the Image Information, including but not limited to, the use, reproduction, disclosure, publication, or display of the Image Information. I relinquish and give to Res-Care all of Employee's rights, title, and interests in and to the Image Information, including any rights of publicity or copyright which may exist now or in the future.

This Authorization binds the Employee, the Employee's heirs, successors, assigns and representatives (including Guardians, parents and any other personal representatives). No promises have been made, or other inducements given to me to obtain this Authorization.

I understand that this Authorization does not expire. I also understand that I have the right to revoke this Authorization by providing written notice to Res-Care. However, this Authorization may only be revoked with regard to future use of the Image Information and will not be effective if Res-Care has already taken action based upon this Authorization prior to receiving my written notice of revocation. I also understand that I have a right to have a copy of this Authorization. I further understand that this Authorization is voluntary and that I may refuse to sign this Authorization. My refusal to sign this Authorization will not affect the Employee's continued employment with Res-Care.

Accepted and Agreed:

Signature of Employee

Date

BrightSpring Use Only

Agency/Office/Facility: _____ Team Member/Agent: _____

EMAIL COMPLETED FORM immediately to PhotoRelease@BrightSpringHealth.com.

Subject of email will be employees full name. Retain original document in the employees personnel file.