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**Model Release**

I, \_\_\_\_\_, release the following media to Natural Health Technologies for any purpose (except those of pornographic and defamatory nature):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give full ownership to Natural Health Technologies and agree that I no longer have any rights to the images.

I am at least 18 years of age and have full legal capacity to execute this release.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized by (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_