

AVANOS

Talent Release (Name, Likeness, and Testimonial)

I,

_____ /
(print name)

hereby grant to Avanos Medical, Inc., its affiliates, subsidiaries, related companies, legal representatives, agents, and assigns ("Avanos") the irrevocable and unrestricted right in perpetuity to use and publish my name, likeness, and medical testimonial (including my medical conditions and treatments) for editorial, trade, advertising purposes, and for any other lawful purpose and in any manner and medium in any geographical area worldwide. I waive any right to inspect or approve the finished product that may be created in connection therewith. I understand that I may be given access to information that is proprietary to Avanos, and I agree to keep such information confidential. I hereby release Avanos from all claims and liability relating to the reproduction of my name, likeness, and medical testimonial. I have read this and am fully familiar with its contents.

Signature _____

Name

Date

Address

I am the parent of the minor named above and have legal authority to execute the above release. I approve and am bound by the foregoing.

Signature _____

Name

Date

Address
