

STAFF RELEASE FORM

Entity	TENDO LINK AFRICA LIMITED t/a MWANGAZA WELLNESS MEDICAL CENTRE (MWMC)	
Signer's details	Full name	
	ID/Passport No.	
	Address	
Project	Mwangaza Wellness and Medical Centre	
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	Rights to use the likeness	
	Rights to use the Signer title/job/training and similar information	
	Rights to use property and image thereof	
	Rights to use image of location	
Territory	Worldwide	

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The collection of personal data is related to the contractual relationship with Signer for identification purposes.

I confirm that I am of legal age and have every right to contract in my own name.

I understand that I can ask MWMC to stop using the Material at any time, in which case efforts will be taken to prevent them being used in future digital and offline medium but they may continue to appear in medium already in print or circulation. However, we would not use the Material in any further publications.

I also agree that this Agreement shall be binding on my heirs, successors, executors, administrators and assigns.

I have read this Agreement and I am fully familiar with its content.

READ, UNDERSTOOD AND ACCEPTED BY THE SIGNER:

Signature:

Full Name:

Date: