



MULTICARE HEALTH CENTER

AUTHORIZATION AND CONSENT

BY: _____ (Name)

_____ (Address)

(Hereinafter referred to as the "Dieter")

IN FAVOR

OF: _____ (the Clinic'),

IDEAL PROTEIN OF AMERICA, INC. ("IPA") AND

LABORATORIES C.O.P. INC. ("COP")

The Dieter hereby acknowledges and agrees that it has followed the "Ideal Protein" weight loss and wellness method and protocol and used "Ideal Protein" products in connection therewith under the supervision of the Clinic. The Dieter hereby irrevocably authorizes the Clinic, IPA, and COP to use the Dieters:

Y / N Dieter photo in "Star Dieters Book" _____ initial

Y / N Dieter photo on a poster _____ initial

Y / N Dieter Testimonial and/or story _____ initial

Y/N Social Media (Facebook, Instagram, E-mail etc.) _____ initial

In connection with the promotion and sale of the "ideal Protein" weight loss and wellness method and protocol as well as "Ideal Protein" products. This authorization is granted in perpetuity and does not entitle the Dieter to any form of remuneration or compensation.

Signed in _____ (City), on this _____ day of _____, 20_____

The Dieter:

_____ (name of the Dieter)

Witness: _____

