

LOCATION RELEASE FORM

I, the undersigned hereby grant permission to Jamie Collins the right to enter and remain upon SGMC South Georgia Medical Center (the Property), which shall include not only real property but any fixtures, equipment or other personal property thereat or thereon, located at 2501 N Patterson St, Valdosta, GA 31602, with personnel and equipment (including without limitations, props, temporary sets, lighting, camera and special effects equipment) for the purpose of photographing scenes and making recordings of said Property in connection with the production of a digital media text on the following date(s): 3/2/2023.

This permission includes the right to take motion pictures, videotapes, still photographs and/or sound recordings on and of any and all portions of the Property and all names associated there with or which appear in, on or about the Property.

This permission also grants all rights of every nature whatsoever in and to all films and photographs taken and recordings made hereunder, including without limitation of all copyrights therein and renewals and extensions thereof, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit in perpetuity throughout the universe (in whole or in part) such films, photographs and recordings in any and all media, whether now known or hereafter devised, including without limitation in and in connection with the documentary video and the advertising and other exploitation thereof.

I certify that I have the full right and authority to enter into this agreement and grant the rights herein granted, and that the consent or permission of no other person, firm, or entity is necessary in order to enable you to exercise or enjoy the rights herein granted.

ACCEPTED & AGREED TO:

NAME (please print)

Hilary G. G. G.

ADDRESS

2501 N Patterson St
Valdosta, GA 31602 &
201 Pendleton Dr
Valdosta, GA 31602

SIGNATURE

Hilary G. G. G.

DATE

3-3-23