

RELEASE FORM

“Authorization to Reproduce Audio Recording”

Client: _____ **FAX:** _____

Date of Program(s): _____

Title “Beat your Stress” (Total = 12 1-hour Interviews)

1. Client grants permission to Center for Nutrition & Life Management, Inc. (Dr. Wayne “The Mango Man” Pickering) a non-exclusive, non-transferable, non-sub-licensable license and right to use an audio recording (hereinafter referred to as "Master Recording") of the Tele-seminar (hereinafter referred to as "Presentation") and to retain a copy of the recorded Presentation for the purpose of sales & distribution by way of Dr. Wayne “The Mango Man” Pickering’s product line! Client agrees to send The Center for Nutrition a master audio recording of the interview upon completion of each interview.
2. Client hereby acknowledges and agrees that the Client & Dr. Wayne “The Mango Man” Pickering shall **each** be the owners of all rights, titles and interest in and to the “Presentation”, Presentation material and the "Master Recording", including the copyright.

Wayne “The Mango Man” Pickering:

(Authorized Signature + Date)

CLIENT:

(Authorized Signature + Date)

Please print out, sign & date it and fax back before the program to:
The Center for Nutrition & Life Management, Inc.

772-382-8487