INAMED HEALTH

TESTIMONIAL RELEASE

I, _____, hereby acknowledge and agree as follows:

1. I give and grant for a period of five (5) years from this date (indicated below) to Coastal Bariatrics, P.C., INAMED Health ("Company"), its agents and its affiliated companies, their respective licensees, successors and assigns (herein collectively called "licensed parties"), the right and license to use, publish and copyright, my name, picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, as well as biographical and testimonial information about me in any and all media, trade or any other lawful purposes now or hereafter known, throughout the world, to advertise and promote Company's LAP-BAND System.

2. I agree that no advertisement or other material need be submitted to me for any further approval.

3. I warrant and represent that I am 21 years of age or older, and that this license does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit for five (5) years from this date, the use of my name, voice, photograph and/or likeness or testimonial statement in connection with the advertising or promotion of any product or service competitive to or incompatible with the LAP-BAND System.

4. Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.

5. I further agree that the licensed parties will have the right to attribute statements to me, which are expressions of my personal experience and belief. The licensed parties shall have the right to reword or rephrase any statement made by me, provided that such rewording or rephrasing is consistent with my experience with the LAP-BAND System.

_____	_____	_____
Printed Name	Signature	Date

_____	_____			_____
Address	City	State	Zip	Social Security No.

_____ _____

Witness (Agency Employee or Supplier) Address

Coastal Bariatrics, P.C. 1668 North Pine St. Foley, AL.36535
Office: 251-980-2263 Fax:251-970-1593