**PlantPure Communities Oasis Jumpstart Program**

**Explanation of Participant Forms for Local Program Coordinator**

Dear Oasis Program Local Coordinator:

In order to participate in the Oasis Program, every participant must complete these forms and return pages 8-11 to you. (Pages 2-7 are theirs to keep.) PPC requires the submission of a compiled digital copy of the scanned required pages to info@plantpurecommunities.org one month prior to the Jumpstart Kick-off date. For participants on the waiting list, a compiled digital copy of scanned participant forms must be submitted to PPC within one week following the Kick-off.

Prior to distributing these forms to the prospective participants, please note that some forms require that you insert specific information to customize the forms for the Oasis Jumpstart in your community. Please note the highlighted items on pages 1, 5, and 9 and replace them (or fill in the blanks) with the appropriate details, removing the highlighting once done.

If biometric testing will be done in-house by your organization (e.g., if your organization is a medical clinic), you will not need to distribute the biometric form on pages 5 and 6 to the participants. If that is the case, remove Item #3, “Biomarker Testing of Program Participants,” from the list on page 1.

Once ready to share the forms with Program participants, print pages 1-11 of this document. Let us know if you have any questions about the forms, the registration process, or the submission of forms to PPC.

Thank you!

PlantPure Communities

**PlantPure Communities Oasis Jumpstart Pilot Program**

**Participant Forms - Overview**

Dear Prospective Oasis Program Participant:

Welcome! We are delighted that you are taking this step toward improved health.

PlantPure Communities, Inc. (“PPC”) and (nonprofit name) are collaborating in bringing the Oasis Jumpstart Program (the “Program”) to your community. Participants selected for the Program agree to eat only a whole food, plant-based diet for the 10 days of the Jumpstart portion of the Program. Two meals a day will be provided to participants during the program and participants will be advised what whole food, plant-based items they can eat in addition to the provided food via the educational materials/program elements.

In order to be accepted to participate in the Program, you must read and agree to all of the program forms listed below. You must submit the completed forms (pages 8-11) to (*name of nonprofit*) by (*date*).

* Background Information for You to Give to Your Doctor (“Background on the PPC Oasis Jumpstart Program for Physicians of Prospective Oasis Program Participants”) (p. 2)
* Oasis Jumpstart Notice of Privacy Practices (p. 3-4)
* Biomarker Testing of Program Participants (p. 5-6)
* Authorization for Disclosure of Personal Health Information(p. 7-8) - Note: There are two copies of this form, one for your records and one to submit.
* PPC Waiver and Liability Release for all Oasis Jumpstart Program Participants (p. 9)
* Terms and Conditions of Participation in the Oasis Jumpstart Program (p. 10)
* Publicity Release and Agreement to Provide Certain Health Data (p. 11)

Congratulations on taking this exciting step toward improved health!

For questions, contact: {Name of Coordinator, phone # & Email}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PlantPure Communities Oasis Jumpstart Program**

**BACKGROUND ON THE PLANTPURE COMMUNITIES OASIS JUMPSTART PROGRAM**

**FOR**

**PHYSICIANS OF PROSPECTIVE OASIS PROGRAM PARTICIPANTS**

In alignment with the Hippocrates quote, “*Let food be thy medicine and medicine be thy food*,” your patient would like to participate in the PlantPure Communities Oasis Jumpstart Program. The Oasis Jumpstart Program offers participants the opportunity to learn about the benefits of a plant-based diet, while enabling them to experience firsthand the powerful health impacts. Through Oasis, healthy meals and nutrition education are provided over a 10-day period, and biometric testing (consisting of weight measurement and a lipid panel) is done before and after the 10-days. Numerous studies have shown that people can experience significant reductions in blood pressure and cholesterol levels and sometimes eliminate or reduce their need for diabetes and cholesterol medications during this period. Indeed, participants taking medications for hypertension or diabetes must provide special written authorization from their healthcare provider.

PlantPure Communities is a nonprofit organization dedicated to creating stronger, healthier, and more sustainable neighborhoods through research, policy, and program activities. The foundation for the Oasis Jumpstart Program is the research conducted by T. Colin Campbell PhD, Professor Emeritus of Nutritional Biochemistry at Cornell University. Dr. Campbell is co-author of the book, *The China Study,* the most comprehensive study of health and nutrition ever conducted. As a result of the study, Dr. Campbell and other researchers were able to conclude that the closer people come to a whole food, plant-based diet, the lower their risk for chronic disease. The New York Times has recognized the study as the “Grand Prix of epidemiology.” It is also worth noting that Kaiser Permanente, the nation’s largest HMO, stated in their 2013 Spring edition of The Permanente Journal: a peer-reviewed journal of medical science, social science in medicine, and medical humanities: “*Research shows that plant-based diets are cost-effective, low-risk interventions that may lower body mass index, blood pressure, HbA1C, and cholesterol levels. They may also reduce the number of medications needed to treat chronic diseases and lower ischemic heart disease mortality rates. Physicians should consider recommending a plant-based diet to all their patients, especially those with high blood pressure, diabetes, cardiovascular disease, or obesity*.” The Oasis Jumpstart Program was created to empower people in underserved communities to take more responsibility for their wellness.

We appreciate your time, encouragement and support for your patient as he/she embarks on this particular portion of their journey to better health!

We invite you to visit www.plantpurecommunities.org to learn more about PlantPure Communities.

References:

1. Chen J, Campbell TC, Li J, Peto R. Diet, Life-Style and Mortality in China: A Study of the Characteristics of 65 Chinese Counties. Oxford, UK: Oxford University Press; 1990.
2. Tuso Phillip J., Ismail Mohamed H., Ha Benjamin P., Bartolotto Carole, Nutritional Update for Physicians: Plant-Based Diets, Perm J 2013 Spring; 17(2): 61-66.

**OASIS JUMPSTART NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED. READ CAREFULLY.**

The Oasis Jumpstart Program (the "Program") provided by PlantPure Communities, Inc. and local nonprofits that work with PPC (collectively "PPC") is designed to help you assess the benefits of a plant-based diet on your health and to provide information from PPC (or from the sponsors and providers of PPC program material) about common health issues, such as high cholesterol, blood pressure, diabetes, obesity and others.

This Notice of Privacy Practices explains the limited degree to which you agree that we may collect, aggregate, use and publish personal information about you that you provide to PPC in connection with the Program. PPC respects your health information privacy and is committed to protecting it.

**Your Acceptance of this Notice**

By participating in the Program, you signify your acceptance of the terms of the PPC Notice of Privacy Practices. If you do not agree to the terms of this Notice, **please do not sign and do not participate in the Program.** If you change your mind at any time, let us know and we will comply with all legal requirements regarding your Personal Health Information.

**Information Submitted and Collected: Your Health Questionnaire and Biometric data**

To participate in the Program, you are required to complete a personal health questionnaire consisting of a number of questions about your medical history related to heart disease, diabetes, and other common diseases. You will also have blood tests relating to these conditions. We will not reveal any information that identifies you by name or likeness except as described herein or as permitted by you. Your identity and health information will be stored and used by PPC only for the following purposes:

* to contact you regarding health-related topics
* to share your blood glucose, cholesterol, and other biometric test results with you and your biometric test results with you and your Oasis group (unless you object).
* to follow up with you after the Program with reminders and helpful information, and to see what benefits you are having from the Program by tracking and updating your responses to the health questionnaire and periodic blood test results.
* to track and publish short term and long term benefits of the Program. Any research publication will not use your full name unless you agree. . Any research that is published in a journal or online publication will not use your full name unless you agree separately.
* to provide information to your healthcare provider with your consent
* conducting market research to improve the programs, products, and services offered by PPC;
* to provide you with information about common health issues, such as high cholesterol, high glucose, high blood pressure and methods to address those conditions, This information may be delivered to you by PPC, or one of its partners or affiliates.
* Process bills for the cost of your blood tests and participation in PPC programs
* Help with public health and safety issues
* Work with a medical examiner or funeral director
* Address law enforcement and other government requests
* Respond to lawsuits and legal actions
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Sharing of Information**

Unless required by law or unless you have consented, PPC will not sell or disclose your personally identifiable health information to any third party without your permission. In certain instances, affiliates of PPC may sponsor programs administered by PPC. In such cases, PPC may provide personally identifiable health information to such organizations in order that they may provide you with information about common health issues.

All de-identified information (information stripped of all data elements that could be reasonably used to identify you personally) may be stored, used and published by PPC for any purpose whatsoever including but not limited to research, data accumulation and publication of cumulative or statistically significant results of the Program and other programs.

In the event that PPC, or any component of its operations, is merged with, or acquired by, another entity, then any such successor or acquiring entity may become the successor to our obligations with respect to the personal information that you have provided to PPC, which would be necessary for the entity to effectively continue the business of PPC. By participating in the Program, you consent to any such use of your personal information by such an entity assuming control of the operations of PPC as a result of a merger, purchase of the assets of PPC, or termination of operation of PPC.

**Your Rights**

You have the right to:

* Get a copy of the paper or electronic records of your blood test results, weight and medical data that we may collect from you.
* Correct your paper or electronic medical record.
* Request confidential communication on matters relating to your personal identity.
* Ask us to limit the information we share that contains your identity.
* Get a list of those with whom we’ve shared your information
* Get a copy of this privacy notice
* Choose someone to act for you
* File a complaint if you believe your privacy rights have been violated. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
* The Privacy Practices are subject to change. If the Privacy Practices are changed, you may obtain a revised copy by contacting us at info@plantpurecommunities.org.

**Duration of Your Consent**

Unless you contact PPC about withdrawing your consent, your health questionnaire and biometric test results information will be stored and used as described herein by PPC indefinitely.

**Accountability**

PPC will address any complaints or questions that program participants may have regarding the policies contained in this Notice. If you have a complaint or question, email us at info@plantpurecommunities.org or send a letter to the following address:

PlantPure Communities, Inc.

101 East Clay Street

Mebane, North Carolina 27302

**PlantPure Communities Oasis Jumpstart Pilot Program**

**{City/Town Name} Oasis Jumpstart Pilot**

**Biomarker Testing of Program Participants - IMPORTANT INSTRUCTIONS**

At the heart of the Oasis Jumpstart Program is the personal empowerment experienced by participants when they see the first-hand evidence via biomarker testing of the power of diet/lifestyle changes in their health and well-being. To this end, biomarker testing will be taken two times for each program participant. The first test will be taken prior to the 10-day Jumpstart; and the second test will be taken on the last day of the 10-day Jumpstart (see below for specific dates). {Biomarker Testing Provider}, {description: e.g., a nationwide leader in biometric and wellness services}, will be conducting the biomarker testing. In addition to reading and signing this form, on the day of the test, {Biomarker Testing Provider} will require you to sign a consent and authorization form in order to be screened and have your results shared with PlantPure Communities. They will provide you with a copy of your results at the {ADD DATE} screening that you should plan to bring with you for the retest on {ADD DATE}.

It is extremely important that participants pay careful attention and adhere to the guidelines and logistics. It is extremely important that you arrive on time. If you have any questions, please reach out to {ADD NAME} at {ADD CONTACT INFO} or {PPC project manager} at {email}.

BIOMARKER TESTING **PRIOR TO** THE 10-DAY JUMPSTART:

On {ADD DATE}

Between the hours of {ADD TIME} (NOTE: YOU MUST ARRIVE AT YOUR ASSIGNED TIME)

Location: {ADD LOCATION}

Please arrive at least 15 minutes before your scheduled screening time. This is in order for you to have time to rest so that your blood pressure reading will be accurate. After your screening ends, please be prepared to stay for a brief presentation from {healthcare provider} on the importance of a plant-based lifestyle and how it can dramatically affect your health. After the presentation, you are free to leave.

BIOMARKER TESTING **ON THE FINAL DAY** OF THE 10-DAY JUMPSTART:

On {ADD DATE}

Between the hours of {ADD TIME} (NOTE: YOU MUST ARRIVE AT YOUR ASSIGNED TIME)

Location: {ADD LOCATION}

On this day, two participants will be tested every 15 minutes. Please arrive 15 minutes before your scheduled screening time. This is in order for you to have time to rest so that your blood pressure reading will be accurate.

**It is very important that participants adhere to the following requirements connected to the specific tests below, all of which will be conducted on all participants:**

**Blood Glucose -** Fasting blood glucose is a standard biometric marker and relatively inexpensive but can be frustrating (and a waste of money) when people forget to fast. It is required that you fast for 12 hours prior to your screening. Fasting means nothing in your mouth (food, drink, gum, mints) with the exception of plain water for 12 hours prior to your test. If any food or drinks are consumed it will elevate your blood glucose and triglyceride levels.

**For Blood Pressure testing** - Participants must refrain from tobacco, caffeine and exercise one hour before testing (not critical, but helpful to prevent artificially elevated BP). Participant should sit for 15 minutes to rest and relax (helpful to prevent artificially elevated BP).

Biometric Tests Include:

* Lipid profile -- Total Cholesterol, HDL, LDL, TC/HDL Ratio, Triglycerides
* Body Composition (Height/Weight, Body Mass Index (BMI), Waist Circumference)
* Blood sugar/glucose levels - (fasting blood sugar for 10-day program)
* Blood pressure

Short Explanation of what is being tested:

**Lipid Profile:** This will include total cholesterol, HDL, LDL and triglycerides. Ideally, this test would be done under fasting, as participants will already be fasting for the glucose levels. If the participant does not fast, it may affect the triglycerides. Participants should see changes in total cholesterol in 10 days.

**Blood Glucose:** This test is for type 2 diabetes. According to the American Diabetes Association, a glucose reading of 200 or greater can indicate diabetes and the participant is likely to see improvement over the 10 days. If a participant's glucose level is in the *normal* range, it will likely not change significantly in the 10 days.

**Blood Pressure:** Studies have shown that by adding meat to a vegetarian diet blood pressure will rise within 11 days. We would expect conversely that by removing meat from the diet, blood pressure will decrease. There are a number of studies showing that WFPB diets can lower blood pressure. Nevertheless, it may take more time than 10 days for a significant change for many participants.

**Waist Circumference:** This is a general indicator of how/where fat is stored in the body. A large waist circumference is a risk factor for pre-diabetes or metabolic syndrome and other health conditions.

Disclaimer: The biomarker testing is not being done for diagnostic purposes. It is for informational purposes, so that participants will see the changes that will occur from the beginning to the end of the 10-day program. While this is an informative test, participants should feel free to share the test results with their healthcare providers.

By participating in the Oasis Jumpstart, you are indicating that you understand the testing procedures, have had all your questions answered, and that you are committed to showing up on time, fasting for 12 hours prior to the test, and will follow the other requirements listed above.

**PlantPure Communities Oasis Jumpstart Pilot Program**

**AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION**

I authorize the use and disclosure of my personal health information as described herein and in the Oasis Jumpstart Notice of Privacy Practices. This authorization applies to the following information: my identity, test results associated with the Program and post-program, responses to the Oasis Jumpstart personal health questionnaire, and information regarding any changes in my health during and after the Program (the "Personal Health Information").

I authorize the following persons and organizations (“entities”) to receive and make use and/or disclosure of my Personal Health Information in accordance with the Oasis Jumpstart Notice of Privacy Practices: PPC, entities that collaborate with PPC or provide materials and service to PPC, labs and biometric testing organizations that administer the tests and store the data, entities involved in research, record keeping and billing, and affiliate groups.

I understand that I may inform PPC that I no longer want this authorization to be in effect and that PPC will comply with all legal requirements regarding my information thereafter.  Any such notice should be addressed and delivered as follows: PPC, 101 East Clay Street, Mebane, North Carolina 27302; Attention: Privacy Practices. I am aware that my revocation is not effective to the extent that the entities I have authorized to use and/or disclose the Personal Health Information have acted in reliance upon this authorization.

This authorization is effective now and shall remain in effect, unless I revoke my authorization.

I understand that in the Publicity Release, which is a separate document, I am agreeing to photos, video images and audio recordings of me, my participation in the Program, and my test results and to the publication of these without compensation to me. I agree that the uses allowed in the Publicity Release are not subject to the restrictions set forth in the Notice of Privacy Practices.

I certify that I have read and agree to the Oasis Jumpstart Notice of Privacy Practices and the uses and disclosures of my information as set forth therein and in this Authorization. I have received a copy of the Notice of Privacy Practices and of this authorization.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

Note: Keep this copy and give the second copy (on the next page) to the local coordinator.

**PlantPure Communities Oasis Jumpstart Pilot Program**

**AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION**

I authorize the use and disclosure of my personal health information as described herein and in the Oasis Jumpstart Notice of Privacy Practices. This authorization applies to the following information: my identity, test results associated with the Program and post-program, responses to the Oasis Jumpstart personal health questionnaire, and information regarding any changes in my health during and after the Program (the "Personal Health Information").

I authorize the following persons and organizations (“entities”) to receive and make use and/or disclosure of my Personal Health Information in accordance with the Oasis Jumpstart Notice of Privacy Practices: PPC, entities that collaborate with PPC or provide materials and service to PPC, labs and biometric testing organizations that administer the tests and store the data, entities involved in research, record keeping and billing, and affiliate groups.

I understand that I may inform PPC that I no longer want this authorization to be in effect and that PPC will comply with all legal requirements regarding my information thereafter.  Any such notice should be addressed and delivered as follows: PPC, 101 East Clay Street, Mebane, North Carolina 27302; Attention: Privacy Practices. I am aware that my revocation is not effective to the extent that the entities I have authorized to use and/or disclose the Personal Health Information have acted in reliance upon this authorization.

This authorization is effective now and shall remain in effect, unless I revoke my authorization.

I understand that in the Publicity Release, which is a separate document, I am agreeing to photos, video images and audio recordings of me, my participation in the Program, and my test results and to the publication of these without compensation to me. I agree that the uses allowed in the Publicity Release are not subject to the restrictions set forth in the Notice of Privacy Practices.

I certify that I have read and agree to the Oasis Jumpstart Notice of Privacy Practices and the uses and disclosures of my information as set forth therein and in this Authorization. I have received a copy of the Notice of Privacy Practices and of this authorization.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

Note: Return this copy of the Authorization to the local coordinator.

**PlantPure Communities Oasis Jumpstart Program**

 **PPC WAIVER AND LIABILITY RELEASE** **FOR ALL OASIS JUMPSTART PROGRAM PARTICIPANTS**

PlantPure Communities, Inc. (“PPC”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*nonprofit name*) are collaborating in bringing the Oasis Jumpstart Program (the “Program”) to your community.  Participants selected for the Program agree to eat only a whole food, plant-based diet for the 10 days of the Jumpstart portion of the Program. Two meals a day will be provided to participants during the program and participants will be advised what whole food, plant-based items they can eat in addition to the provided food.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*print name*), desire to participate in the Program, and in consideration for being selected to participate, I agree to and acknowledge that I understand the following:

* A whole food, plant-based diet can cause rapid reduction in or elimination of the need to take certain medications, especially medications for hypertension (high blood pressure) and diabetes;
* If I am taking medication of any kind, I will consult with my personal physician about my participation in the Program before making the significant dietary changes required by the Program;
* If I am on medication for diabetes or hypertension, my personal physician and I will monitor my blood glucose and blood pressure levels closely during the Program. If my glucose levels, blood pressure, or cholesterol levels are falling, my physician may need to reduce my medication promptly during the program, and failure to do so could cause serious symptoms, harm or illness to me, including but not limited to death. I am not relying on PPC, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*nonprofit name*), or any individual or entity involved in the Program for medical advice and no medical advice has been given to me by any of them. The doctor or other healthcare provider who may be sharing information and other resources during the Program is **not** my personal doctor and has not given me medical advice. I will rely solely on my personal doctor for medical advice.
* I agree that the transmission and receipt of any information during or after the Program, including any communication via the Internet or e-mail, does not constitute medical advice or create a doctor-patient or other healthcare professional relationship between me and PPC, any Program sponsors, partner organizations or individuals involved in supervising or administering the Program.
* I acknowledge that the Program does not constitute a diagnosis of any disease or any other health condition. Such diagnosis can only be made by a qualified physician or licensed healthcare professional. I will not use the Program information or results as a substitute for seeking further information, diagnosis or treatment from my physician or other qualified healthcare provider.

**In consideration for being selected to participate in the Program, I hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of or relating to my participation in the Program and hereby release, hold harmless, and forever discharge PPC, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (***nonprofit name***) their officers, boards of directors, employees, representatives, agents, volunteers, and affiliates for any injury, illness, death, or economic or emotional loss that I may suffer in connection with or relating to my participation in the Program. I AM VOLUNTARILY PARTICIPATING IN THE PROGRAM ENTIRELY AT MY OWN RISK. This release shall also be binding on my heirs, executor, administrator, assigns and personal representatives.**

If any portion of this document is found by a court to be unenforceable, the court shall exclude the unenforceable portion and enforce the remainder of the document.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Program Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature for any Participant under 18 years of age.

**PlantPure Communities Oasis Jumpstart Program**

**TERMS AND CONDITIONS OF PARTICIPATION IN OASIS JUMPSTART PROGRAM**

1. I agree to eat only the meals provided to me for lunch and dinner during the program and to eat only food that Program Materials recommend for breakfast, supplemental ingredients, and snacks.
2. I agree to attend all meetings and activities scheduled for Program participants and to be on time.
3. If I am on medications for hypertension or diabetes, I agree to be solely and completely responsible for monitoring my blood pressure and glucose levels closely as needed throughout the day each day of the Program and to inform my medical doctor of any changes immediately. I agree to make any medication modifications that my doctor advises.
4. I agree to share with PPC all data about me (not including my identity) and my health collected in connection with the Program, including but not limited to the blood test, weight data, and health questionnaire collected before and after the program. PPC may use and publish such data in any way and in any medium in connection with promoting health or a plant-based diet without using my name.

**I have read the Terms and Conditions. I agree that I will comply with all of the requirements set forth in these Terms and Conditions.**

Acknowledged and Agreed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Participant

**PlantPure Communities Oasis Jumpstart Program**

**PUBLICITY RELEASE AND AGREEMENT TO PROVIDE CERTAIN HEALTH DATA**

**Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Print Name)

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree that in consideration of selecting me to participate in the Oasis Jumpstart Program (the “Program”), any photos, videos, audios and other types of media materials in any format whatsoever representing me or my likeness (not including my name) may be taken, collected, used and published by PPC, its partners, affiliates and assigns (collectively “PPC”) in any medium whatsoever including but not limited to print, digital, television, video, movie, internet and social media publications worldwide, in connection with promoting health or a whole food, plant-based diet. I grant a worldwide perpetual license to PPC for any such use and publication in any manner PPC sees fit in connection with promoting a plant-based diet. I grant this without compensation, other than my participation in this Program.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Program Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature for any Participant under 18 years of age.