



RELEASE AND AUTHORIZATION AGREEMENT

Beta Bionics, Inc. (“Beta”) appreciates your comments, feedback, and testimonials, as well as your willingness to provide your photographed and recorded content. We would like to use all such content for medical education, product promotion and marketing, and other appropriate purposes, which will inform and assist healthcare professionals and other patients who may benefit from Beta products. Please read this Release and Authorization Agreement (“Authorization”) closely and provide your signature below, to authorize such use by Beta.

By signing below, I authorize Beta, including its employees, agents, and representatives, to record and use my likeness/image, voice, and ideas in photographs, images, videos, motion pictures, performances, or sound recordings (collectively referred to herein as my “Portrayal”) for purposes related product education, promotion and marketing, and any other commercial, lawful purposes. I understand that these materials will become the property of Beta, and that I will not receive compensation in return. As part of this Authorization, I also assign full copyright of all manifestations of my Portrayal to Beta together with the right of reproduction, and consent to the digital compositing of my Portrayal. My authorization will expire 25 years after the date signed below.

I understand that my information will not be used in an inaccurate or misleading manner. In addition, Beta shall not sell or disclose my information to any unaffiliated, third-party without my permission. I understand that this Authorization is voluntary, and that I may refuse to sign this agreement. My refusal would not affect my ability to obtain Beta products or services, or negatively impact my insurance coverage or benefits.

I have read the above, fully understand its terms, and agree to this Authorization.