



CONSENT AND RELEASE FORM FOR MEDIA RECORDING-Adult Subject

I, _____, hereby consent to the publication and use of my likeness ("Likeness") for the purposes of promotion, publicity, advertising, and/or any other private or public purpose, without restriction, by Acuity, A Mutual Insurance Company ("Acuity"), its employees, or agents. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I also grant permission to use my name, if desired, in connection with any said publication.

I acknowledge that I am executing this release voluntarily, and that my execution of this release is not required by Acuity with respect to my employment with Acuity and/or my participation in any event or activity sponsored by Acuity.

I acknowledge that neither I nor any third party will receive financial compensation for the use of my Likeness. I further agree that the actual material involved is and shall continue to be the property of Acuity and that neither I nor any third party shall have any right of review or approval regarding the use of my name and/or Likeness in such material.

I hereby release Acuity, its contractors, clients, employees, officers, directors, legal heirs, agents, representatives, and assigns from any and all claims, demands, or causes of action arising out of the publication and use of my name and/or Likeness, in accordance with the terms of this release.

I understand that I may revoke my consent to this release at any time, and that upon receipt of my notice to revoke such consent, Acuity shall only be obligated to refrain from creating any new materials that use my Likeness.

I hereby affirm that I have read this release prior to its execution and that I fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

Signature _____ Date _____

Print Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number () _____ Email _____