

## **Authorization & Release: Story, Testimonial, Photograph, Video**

I agree to allow NESTLÉ HEALTHCARE NUTRITION, INC. (hereinafter “Nestlé”) to use my name, my story as provided by me, as told verbally or in writing, and any photo or video of me, either submitted by me or taken by Nestlé, for sharing internally with employees of Nestlé and its affiliates, which may include the following:

- An in-person company Town Hall (all employee meeting) or other meeting in which I tell my story (in a format to be agreed upon with Nestlé) and information circulated to employees informing them of the Town Hall;
- Photos and a description of the above in-person presentation;
- Video-taped interview and/or recording of the above in-person presentation; and/or
- A written testimony of my experience to be shared in internal Nestlé publications.

I authorize the release of any health information contained in my story.

I certify that my story and comments accurately reflect my opinions and experiences and that the facts and comments are true and correct to the best of my knowledge and belief.

I certify that my story is original and is an accurate representation of my experience. I have not granted exclusive rights to the story to any other source. I warrant that I have the full power and authority to grant all of the rights I am conveying.

I understand that my story, photo, and/or video (the “Materials”), as shared, will become the property of Nestlé, and that Nestlé will have the right to print, publish and circulate the Materials, and to freely edit the Materials prior to printing, publication, or circulation.

I waive my right to inspect or approve the finished product. I understand that the materials may be shared with and used by Nestlé HealthCare’s affiliates worldwide, in whole or in part, through any Nestlé internal medium.

I understand that I will not be compensated for any use of the Materials.

I agree that this Authorization & Release shall be binding upon the undersigned’s heirs, executors, administrators, successors and assigns.

I further warrant that I am of full age and have every right to contract in my own name and that I have read the above Authorization & Release, prior to its execution, and that I understand its contents.

Signature

Address

Print Name

City/State/Zip

Date

Telephone Number

Minor:

If the person whose story is being shared is under 21, the Parent or Legal Guardian must sign below:

Signature of Parent or Legal Guardian

Telephone Number

Print Name

Date