



Individual Photo and Video Release Form

I hereby agree as follows:

1. I, on behalf of myself, my beneficiaries, assigns and estate, hereby give and grant permission from this date (indicated below) to Sodexo, Inc., its parent, affiliates, successors, contractors, agents, beneficiaries and assigns (herein collectively called "the licensed parties"), the world-wide right to use, publish, and copyright, in any and all media of advertising and promotion, my name, voice, photograph, and / or video likeness
2. I agree that any photograph and/or video taken of me by the licensed parties is owned by the licensed parties. If I should receive any print, negative, or other copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertisement or other material need be submitted to me for any future approval and that the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the manipulation of my photograph, voice and/or likeness.
4. I warrant and represent that this license does not in any way conflict with any existing commitment on my part.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of the rights set forth herein.

Please print clearly.

Full name: _____ Event: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

I am the (father/mother/guardian) of the above mentioned minor. I consent to the foregoing on behalf of such minor and personally join in the warranties and representations set forth above. I also agree to indemnify and hold harmless the licensed parties with respect to any claims which the minor may make as a result of the licensed parties exercise of their rights hereunder.

Full name: _____

Title: _____ Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

This form must be returned to the Corporate Communications department to the attention of Laurie Kelly:
9801 Washingtonian Boulevard, Suite 640, Gaithersburg, MD 20878. Or fax to 301 576 8581.

For Office Use Only:

Date: _____

DB: _____

Initials: _____