**UK and Ireland Consent and Release Form for**

**Interviewing, Photographing and Videotaping**

Project Title: <<Meeting\_MERC\_Name>>

Market Research Agency (if applicable):

Start Date: <<Meeting\_MERC\_Date\_of\_Event\_MERC\_\_s>> End Date: <<Meeting\_MERC\_End\_Date\_of\_Event\_MERC\_\_s>>

Type of Personal Images being obtained (circle as appropriate): Interview, photograph, filming,

videotape, voice recording, video-streaming, and/or personal likeness recorded through other visual means,

Intended use (circle as appropriate):

Release, publish, exhibit, post on the Internet, in CD-ROMs or any other medium (describe: \_\_\_\_\_\_\_\_\_\_\_\_)

\*(modify the following paragraph to reflect the agreement with the Data Subject on how and for what purpose(s) their Personal Images may be used by Lilly if different than the standard highlighted

language. DELETE THIS NOTE AFTER MODIFICATION HAS OCCURRED.

By signing this form, I hereby give permission to Eli Lilly and Company and/or its affiliates (collectively “Lilly”) to collect and use my Personal Images in whatever medium deemed appropriate by Lilly for any of the following purposes: (i) public relations; (ii) training and education; (iii) advertising; (iv) research; (v) sales and marketing and (vi) market research activities. Lilly will not use the Personal Images for any other purposes.

I understand and acknowledge by signing this consent form the following:

• I am fluent in the language this form is written in and understand that, if I have any doubts about the meaning of any of the provisions of the form, I may ask Lilly for explanation, and may also ask for a version of the form written in my native language.

• I understand that my Personal Images may be seen and used by Lilly throughout the world, and may be transferred to countries around the world, and hereby give consent to such worldwide use for the purposes stated in this consent form.

• I understand that my consent is voluntary, that I am not required to sign this consent and that I may in fact refuse to sign it, thereby prohibiting Lilly from obtaining or using any Personal Images of me.

• I understand that certain forms of my Personal Images may include my name, personal

e-mail, postal address, telephone or fax numbers, and also give consent to their use by Lilly.

I also understand that the inclusion of my Personal Images in whatever medium deemed

appropriate by Lilly may reveal sensitive health information about me, including health

conditions.

• I have the right to revoke my consent at any time, which revocation must be in writing and submitted to <<Form\_Projectmanagernameanddetails>>

• I release and discharge Lilly, its officers, agents and employees, and each and all persons involved in creating my Personal Images from any liability connected with the taking,

recording, filming or publication of said interviews, photographs, slides, computer images, videotapes or voice recordings.

• I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication of my Personal Images, irrespective of whether a fee for its use is charged by any third party.

• In the case of market research activities, I understand that all those listening or viewing the recording must respect the confidentiality of all information exchanged in interviews/groups and that no sales approaches will ever be made to me as a consequence of the company having this access.

• If I have any questions about my data protection or privacy rights under this form,

I understand that I may contact <<Form\_Projectmanagernameanddetails>>

I declare that I am eighteen (18) years old or older and am legally competent to execute this Consent and Release Form under the laws of my country or that I have acquired the written consent of my parent or legal guardian. I understand that the terms herein are contractual and not a mere recital, and that this Consent and Release Form is legally binding on me.

I have read and fully informed myself of the contents of this Consent and Release Form before

signing it. I have had an opportunity to ask questions about the use of my Personal Images,

understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form.

|  |  |
| --- | --- |
| Name of Individual: |  |
| Signature of Individual: |  |
| Address of Individual: |  |
| Phone of Individual: |  |
| Date: |  |

If Individual is under 18, the parent or legal guardian must sign otherwise delete this section if not

applicable.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor (iii) I have read and

understand this Consent and Release Form and (iv) I have had an opportunity to ask questions about the use of the above named minor’s Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form on behalf of the above named minor.

|  |  |
| --- | --- |
| Spelling of Parent/Guardian Name: |  |
| Signature of Parent/Guardian: |  |
| Address: |  |
| Phone: |  |
| Date: |  |

**You will be provided with a signed copy of this Consent and Release Form**