**Consent and Release Form for Interviewing, Photographing and Videotaping**

I hereby consent to be interviewed, photographed, filmed, videotaped, have my voice recorded, and/or have my personal likeness recorded through other visual means (collectively, referred to as “Personal Images”), and authorize Eli Lilly and Company and/or its affiliates (collectively, “Lilly”) to use, release, publish, exhibit, post on the Internet, or any other medium any of my Personal Images, as described below and understand and acknowledge by signing this consent form the following:

By signing this form, I hereby give permission to Lilly to 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) sales and marketing activities □. Lilly will not use the Personal Images for any other purposes.

* 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 information about myself, including but not limited to my name and title, personal e-mail, postal address, telephone or fax numbers as given by me to Lilly, and also give consent to their use by Lilly.
* I have the right to revoke my consent at any time, which revocation must be in writing and submitted to e-marketing, Eli Lilly (Suisse) S.A. Representative Office Latvia   
  Duntes 6, Riga, LV – 1013 Latvia.
* 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.
* If I have any questions about my data protection or privacy rights under this form, I understand that I may contact data privacy steward, +371 67 364 000 or Eli Lilly (Suisse) S.A. Representative Office Latvia Duntes 6, Riga, LV – 1013 Latvia.

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:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |