

## Employee Testimonial/Photo Release

During the course of the activity listed below, we may be conducting filming, recording or taking photographs. We request your consent to use your name, voice and image in photographs, film footage, sound recordings, written or recorded statements, testimonials and other materials for the purposes of our publicity and advertising on our website, social media or in promotional materials. If you agree to the following, please sign below.

- I agree to grant UnitedHealth Group, its affiliates and agents (the "Company") the irrevocable, perpetual, worldwide, royalty-free right, licence and permission to use, publish, store, distribute, sell and reproduce all written or recorded statements, testimonials, photographic images, television spots, movie films, videotapes and/or sound recordings or any part thereof (referred to as the "Media") that they have taken or made of me in conjunction with my own or a fictitious name for the Company's publicity or advertising purposes in any format.
- I agree that in connection with the purposes set out above, my name and the Media in which I appear may be used by the Company throughout the world in any media, and for an unlimited period of time.
- I agree that the Media in which I appear will be the Company's property, and that any intellectual property rights (including copyright) in the Media in which I appear will belong to the Company.
- I agree that I will not bring any legal claims or demands against the Company or its employees and agents (including any claim for compensation, violation of privacy, confidentiality or defamation) in connection with the Company using, storing, distributing or reproducing my name and the Media in which I appear.
- I agree that the Company can transfer my name and the Media in which I appear to a destination outside the country where I work, reside or where the Media in which I appear was created for the purposes described in this form.

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Signature: \_\_\_\_\_