

Amgen

Photo/Video Consent and Release

This form is intended for use by individuals who are not professional models, including individuals from outside Amgen, as well as Amgen staff members, for the use with such individuals' minor children. Contractors and temporary staff may not be used for promotional purposes. Please fill out as completely as possible.

I, _____ (please print name), agree and consent for _____ (please print minor child's name) ("Child") to be photographed, filmed, videotaped and/or recorded by Amgen Inc. ("Amgen"), the Amgen Foundation, Inc. (the "Amgen Foundation") and/or representatives of Amgen or the Amgen Foundation. On my own behalf, and on behalf of Child, I hereby grant and assign to Amgen, the Amgen Foundation and their subsidiaries, successors, agents and assigns (collectively referred to as the "Released Parties"), my and Child's rights including but not limited to the use, reuse, reproduction, modification, publication, display, transmission and performance in any and all media now or hereafter known of Child's name, photograph(s), statements made by Child, motion pictures, videotape, audio recordings, internet postings or other web publications, or other likeness of Child, alone or with other persons ("Publicity Rights") and for the purpose of advertising and/or promoting or otherwise exploiting the services and products of the Released Parties or any of them ("Publicity Rights").

On my own behalf, and behalf of Child, my heirs, executors, administrators, successors and assigns and those of Child, I release and discharge the Released Parties from any liability by virtue of the exercise of their rights in the Publicity Rights, including without limitation any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced regarding the use of Child's name or the taking of said photograph(s), statements made by Child, motion pictures, videotape, recordings, internet posting or other web publication, or other likeness of Child in any processing thereof through completion of the finished product, and including without limitation any liability based on rights of publicity, invasion of privacy and other civil rights, moral rights, copyright infringement, defamation, libel and slander. I waive any right that I or Child may have to inspect or approve any uses made of the Publicity Rights in connection with this consent/release.

I understand that I nor Child will not receive any royalty or other monetary compensation, now or in the future, for my Publicity Rights including but not limited to the use of my photograph(s) of Child, statements made by Child, videotape, or other likeness or reproductions of Child and recordings.

I certify that I am at least eighteen years old and that I have read this consent/release and understand its contents. I further certify that I am the parent or legal guardian of Child, with full power and authority to execute this release on Child's behalf. This consent/release is not restricted by time or geographic limitation.

SIGNATURE

DATE

ADDRESS

PHONE

STAFF LOCATION

STAFF ID #

FOR PHOTOGRAPHER'S USE:

DATE/LOCATION/PURPOSE OF SHOOT

EQUIPMENT PICTURE