



PHOTOGRAPH & TESTIMONIAL RELEASE FORM

For consideration which I acknowledge, I hereby give Whole Foods Market Services, Inc. and its affiliated companies, licensees, successors and assigns (collectively, "WHOLE FOODS MARKET") and those acting pursuant to their authority, the right and permission to:

- a) Record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium, and to edit such recordings at WHOLE FOODS MARKET's discretion;
- b) Use my name and testimonial in connection with the recordings; and
- c) Publish, reproduce, copyright, exhibit, display, distribute, and otherwise use the recordings and testimonial, or any portion thereof, in all forms and media including composite or modified representations for any lawful purpose that WHOLE FOODS MARKET, and those acting pursuant to their authority, deem appropriate, including advertising, trade and any commercial purpose throughout the world in perpetuity.

I understand and agree that all such recordings, in whatever medium, shall remain the property of WHOLE FOODS MARKET, and that they may copyright material containing the recordings. I further understand and agree that no advertisement or other material need be submitted to me for any further approval. I waive any right to inspect or approve the manner in which the recordings are used, or any printed matter that might be used in connection with the recordings.

I release WHOLE FOODS MARKET and those acting pursuant to their authority from any and all claims or liability that may arise in connection with any such use of my testimonial, likeness and/or voice or the exercise of the rights granted herein, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, copyright, or other personal or proprietary right.

I understand and agree that WHOLE FOODS MARKET is under no obligation to make any use of the recordings or the rights granted herein.

I have read and fully understand the terms of this Consent and Release.

Name (printed): _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____