

Please return this form to 63 W. Chocolate Avenue, Hershey PA 17033 or FAX to 717-534-8940

**THE M.S. HERSHEY FOUNDATION
PERSONAL APPEARANCE RELEASE**

For good and valuable consideration, the receipt which is acknowledged, I grant to The M.S. Hershey Foundation ("MSHF") and/or its authorized representatives, licensees, successors, and assigns the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner my name, voice, conversation, sounds, likeness and performance; furthermore, MSHF shall have the right and license to use any biographical material that I might furnish. All images and sound captured on tape or otherwise shall be referred to in this Personal Appearance Release as the recordings (the "Recordings"). Furthermore, I represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I agree that MSHF shall (i) own all rights in the Recordings, (ii) have the right to use the Recordings, in whole or in part, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages, throughout the universe, and (iii) be entitled to use the Recordings as MSHF deems appropriate, including, without limitation, for promotion and publicity purposes. "Media" for purposes of this Personal Release shall include by way of illustration only: billboards, television broadcasts and rebroadcasts, programs, newspapers, magazines (both paper and electronic), Internet (including social networking websites and other social media platforms), radio (both terrestrial and Internet-based), videotapes, CDs, DVDs, and electronic databases.

MSHF is under no obligation to use or exhibit the Recordings in any manner. I waive (i) the right to inspect or approve of any use of the Recordings, (ii) any rights to injunctive relief I may have in connection with this Personal Appearance Release, (iii) the right to revoke this Personal Appearance Release, and (iv) any moral rights I have in the Recordings. In addition, I agree that no sum shall be due to me for execution of this Personal Appearance Release and MSHF shall not be obligated to pay me or any third party any sum whatsoever, regardless of the time or method of any future use of the Recordings.

I release and agree to hold harmless and indemnify MSHF and its authorized representatives, licensees, successors, and assigns from all claims, demands, causes of action, damages, costs or judgments, losses, injuries, expenses, liabilities of any kind, attorneys' fees and legal costs or other compensation whatsoever, whether known or unknown, that I now have or that may hereafter accrue to me which may arise out of or in connection with the use of the Recordings.

This Personal Release shall be governed by the laws of the Commonwealth of Pennsylvania and shall be binding on my legal representatives, heirs, executors, administrators and assigns. I represent and warrant that I am eighteen (18) years of age or older and I have the right, power, and authority to grant the rights set forth in this Personal Appearance Release; furthermore, if a minor is depicted in the Recordings, I represent and warrant that I am either a parent or legal guardian of the minor child and that I have complete authority to grant this Personal Appearance Release on the minor child's behalf.

I entered into this agreement freely and of my own accord. No assurances, promises, statements or representations have been made by MSHF to induce me to enter into this agreement. This Personal Appearance Release represents the entire understanding in effect between the parties.

Agreed to and Accepted:

By: _____
(Individual's signature or signature of parent or legal guardian of minor under the age of 18)

(Minor's printed name, if applicable)

Name: _____
(Print)

(Minor's date of birth, if applicable)

Street Address: _____ City: _____

State: _____ Zip Code _____ Area Code/Telephone Number: _____

Email Address: _____

Date: _____