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Movie and/or Sound Recording

Authorization and Release

I, _____

hereby consent that Pfizer Inc. shall have the right to copyright, publish or use any photographs, videotapes or other electronic media and/or sound recordings, or any part thereof, they have taken or made of me this date or in which I may be included, for publicity, advertising or any other lawful purpose in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise in perpetuity.

I hereby waive all claims for any compensation for such use and hereby release Pfizer Inc. from all liabilities or claims that I could assert in connection with the above described uses.

I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with and understand the above terms.

Date: _____ Project: The Leading Edge Program

Signature: _____

Parent/Guardian Signature: _____

Location: _____

