



- c. If I am an employee of any of the Releasees, I acknowledge that this programs completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate of participate, in this Programill not affect my job status.
- d. I hereby consent to any publicity, including the use of name and likeness, and waise yright to inspectand/or approve anymages, recordings or other record (e.g., photography, film, videotaptecordings or advertisingopy, etc) which maybe used in connection with myparticipation in the Program including, but not limited to social media accounts. I understand that I will not be compensated in any way for such use.
- e. The COVID9 Addendum is attached hereto and incorporated as if fully set forth herein.

I ACKNOWLEDGE AND REPRESENT THAT I HAVE CAREFULLY READ ALL OF THE PROVISIONS IN THIS AGREEMENT AND BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATI INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS WEMEINEN, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. IT IS MY EXPRESSED INTENT THAT STHASLR BUNDASME, THE MEMBERS OF MY FAMILY AND SPOUSE, IF A AM ALIVE, AND MY ESTATE, FAMILY, HEIRS, ADMINSITRATORS, PERSONAL REPRESENTATIVESMOR AS DECEASED, AND SHALL BE DEEMED AS A LEGALLY BINDING RELEASE, WAIVER, DISCHARGE AND 60 CONVENIANT NO RELEASEES.

PARTICIPANT SIGNATURE

DATE