

CONSENT AND ASSIGNMENT TO USE LIKENESS AND INFORMATION

AUTHORIZATION

For the opportunity to participate in the activities described below, my release from liability, and other good and valuable consideration, the receipt of which I hereby acknowledge, I grant to Cigna Corporation, its subsidiaries, affiliates, agents, contractors, successors and assigns ("Cigna") the right to (a) use my likeness and Information (as defined below) that I provide to Cigna now and in the future for the purpose of endorsing and promoting Cigna (the "Purpose") in all advertisements, videos, news releases, stories, web sites, recruiting brochures, annual reports and any other promotional materials which may be published by Cigna, at Cigna's sole discretion, in written, electronic or other form of expression ("Cigna Advertising Materials") now and in the future, and (b) sublicense my likeness and Information to other parties to use now and in the future for such Purpose in similar materials, which may be published by such sublicensees now and in the future. Such Information may include my name, age, gender, address, work history, work location, job description, job title and other identifying information, including health conditions, and my comments, statements or other communications endorsing or describing any of my personal experiences or Cigna's products, services, programs and other initiatives based on such personal experience.

ACKNOWLEDGEMENT

I acknowledge that I do not have a right to inspection and approval of such Cigna Advertising Materials or the similar materials of Cigna's sublicensees in draft or final form before publication.

RELEASE

I hereby forever release and discharge Cigna, its agents and licensees from any and all claims, debts and demands, liabilities or causes of action of every kind, character and nature, whether known or unknown, which I may now have or at any time hereafter have against them arising from or related to the use of my likeness and Information as described above.

CONSENT

I understand that I do not have to sign this consent and that I am free to refuse to permit the use of my likeness and Information. This Agreement is entered into under the laws of the Commonwealth of Pennsylvania. I hereby consent to such use by signing this consent of my own free will.

IN PLAIN ENGLISH

I give Cigna permission to use my likeness and information as it chooses.

I won't have the right to inspect or approve of future uses of my likeness or information.

If I sign this document, I cannot sue Cigna in connection with its use of my likeness or information.

**EXECUTED CONSENTS MUST BE SENT
BRAND MANAGEMENT**

PROGRAM ADHS COVID-19 Vaccination POD at WestWorld
PLEASE INCLUDE DESCRIPTION OF ACTIVITY INCLUDING DATE(S)

Name

Cigna CUSTOMER NAME (PRINT)

PHONE #

EMAIL

ADDRESS

PLEASE INCLUDE FULL ADDRESS INCLUDING CITY, STATE, AND POSTAL CODE

SIGNATURE

IF MINOR, INCLUDE NAME/AGE OF CHILD, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED