



## Authorization and Release

**Title of Project/Event: Travelers Service Project – Women’s Bean Project**

**Date: 6/8/23**

For good and valuable consideration, including participation in the project/event (“Event”) specified above, I hereby irrevocably consent to and grant to The Travelers Companies, Inc. as well as its subsidiaries and affiliates (collectively, “Travelers”), and Travelers’ agents, employees, licensees, successors and assigns, the right to (1) photograph, record, film, create an audio, and/or audiovisual work, transcribe or otherwise capture my name, voice, statements, performance, image and/or likeness in connection with my participation in the Event, including without limitation, the right to edit, adapt and format at Travelers’ discretion; and (2) use, exhibit, distribute, reproduce, store, archive, display and perform (publically or otherwise) my name, image, voice, statements, performance, likeness, title and/or any biographical information provided in connection with my participation in the Event, for purposes Travelers deems appropriate, including, without limitation, publicity, promotional, advertising, marketing, sales, training and/or educational purposes, throughout the world, in any print, broadcast, electronic, digital, web-based, mobile, social networking or other media now known or later developed, without limitation as to the date or duration of such use.

I confirm that, to the best of my knowledge, any statements I made during the Event are true and do not violate or infringe any third party’s rights. I will make no claims against Travelers and/or its agents, employees, licensees successors and assigns in connection with my participation in the Event and/or the rights set forth in this Authorization and Release, and I hereby unconditionally release and hold harmless Travelers, its past and present directors, officers, agents, representatives, employees, licensees, successors and assigns from any and all claims and liabilities of any kind with respect to same. This Authorization and Release shall be binding upon me and my heirs, legal representatives and assigns and shall be governed by the laws of the State of Connecticut, without regard to its conflicts of laws principles.

Name: Monique Peals Signature: Monique Peals  
Address: 405 S. Sheridan Blvd.  
Date: 6-8-23

### If signer above is a minor (under age 18), then the parent or legal guardian must sign below:

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_. Acting both for him/her and myself, I consent to the execution of the foregoing Authorization and Release and the grant of the rights therein.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_