**Testimonial and Media Release**



Archer Daniels Midland Company and its business units have my permission to use the information and statements provided or any part of them, together with my name and address, for all advertising and any other sales promotion purposes, using any media now known or later developed.

ADM and its business units have my permission to use any and all photographs, video, audio, broadcasts, movies, or other media now known or later developed of my livestock and/or other property, including that in which I might appear or in which my voice, name, likeness, image, appearance and/or performance is recorded or transferred for any and all purposes, including advertising, sales promo- tion, and sales training.

Unless the minor consent is completed below, I represent that I am over 18 years of age and have the right to enter into this consent release.

It is understood that my permission to use such will not be reassigned by ADM or its business units to anyone else without my express permission.

ADM has no financial commitment or obligation as a result of this agreement.

### Signature: Date: Please print name:

**Signature of Parent or Legal Guardian for Minor Consent (if under 18 years of age):***I am the father/mother/legal guardian of the above named subject and give permission for his/her image to be used.*

*Signature* *Print Name*

### Address: Phone: Email: WITNESS (required): Animal(s) shown are owned by me.

[ ] Yes [ ] No—Owner’s Name: Owner’s Address/Phone:

**Livestock:** [ ] Beef [ ] Dairy [ ] Horses [ ] Rabbit [ ] Dog [ ] Cat [ ] Sheep [ ] Game Bird

[ ] Goat [ ]  Show [ ] Swine [ ] Poultry [ ] Deer/Elk [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the photographs/media provided with this release were taken by someone else, please provide name and contact information below. A separate release will be needed from the photographer, whether professional or amateur.

### Photographer Name: Photographer’s Address/Phone:

**OFFICE USE ONLY > Primary project:**

**Please submit the ORIGINAL signed sheet to ADM Animal Nutrition.** Thank you.

**Submit completed release to:** Marketing Department, ADM Animal Nutrition

1000 North 30th Street, PO Box C1, Quincy, IL 62305-3115

**List Customer Testimonial, Performance and Benefits on reverse side.**

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# List ADM Animal Nutrition product(s) used for this testimonial.

Type here…

**Consider and comment below:**

## What value has ADM Animal Nutrition product(s) provided to your operation? What difference(s) have you seen since using ADM Animal Nutrition product(s)? What are the top reasons you use ADM Animal Nutrition product(s)?

Personal comments about the success of using ADM Animal Nutrition product(s).

Type here…

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