



Image Release and Waiver

I give Chesapeake Employers' Insurance Company and/or IWIF my full consent and permission, waiving all claims for any compensation for damages by reason thereof, to use, publish, exhibit or display in any way, with or without identification of me by name, any photographic picture(s), video(s), digital image(s) or other depictions of any kind or nature (hereinafter "IMAGE") of me.

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Name (please print)

Signature

Date