

**PUBLIX SUPER MARKETS, INC.
PUBLICITY RELEASE**

Thank you for agreeing to allow Publix Super Markets, Inc. and its employees, agents, subsidiaries and affiliates ("Publix") to use your name, voice, signature, image and/or likeness in its communications and other promotional or educational campaigns. We appreciate your willingness to take part in Publix's communication efforts.

By signing this release, you — and your parent or legal guardian, if you are a minor — hereby acknowledge the receipt of good and valuable consideration and hereby agree to the following:

- You grant to Publix (and to others acting on Publix's behalf) a non-exclusive, worldwide, perpetual license to use your name, voice, signature, image and likeness for any purpose for Publix and its related entities and corporations, including advertising, marketing or educational purposes, in any media now known or that may be invented in the future, without further compensation to you.
- You — and your parent/legal guardian, if applicable — waive all claims against Publix relating to Publix's use of your name, voice, signature, image or likeness, including but not limited to claims for blurring, distortion, misappropriation, defamation and invasion of privacy.
- You — and your parent/legal guardian, if applicable — agree to keep confidential all information that you receive or have access to as part of your participation in Publix's communication efforts or other promotional or educational campaigns.
- If you are an hourly paid Publix employee who is participating in a Publix project in a non-volunteer, work capacity per agreement with your manager, you shall promptly report all time spent on such Publix project to your manager to ensure that it is included in your time worked for that week.
- If you are not a Publix employee, you acknowledge and agree that the relationship created by this release shall never be construed as an employment, an agency, or any other relationship other than that of an independent contractor. You — and your parent or legal guardian, as applicable — expressly acknowledge and confirm to Publix that you will not be entitled to any benefits provided by Publix, including without limitation, workers' compensation insurance, unemployment insurance, hospitalization and major medical insurance, or the like, and that you shall be solely responsible for your own actions.

I (participant, or minor participant's parent/legal guardian, if applicable) have read this release, I understand it fully, and I agree to its terms.

Participant or parent/legal guardian's signature _____

Date signed _____

Participant's name (printed) _____

Parent/legal guardian's name (printed) (if a minor) _____

Publix Associates only:

Personnel Number: _____ Store or Support Dept/Site: _____

PUBLIX REFERENCE NUMBER (internal use only) if applicable _____