



MEDIA RELEASE AUTHORIZATION

Includes: FILM, PHOTOGRAPHIC MATERIAL, VIDEO TAPE, ELECTRONIC FORMATED DATA, AND/OR WRITTEN INFORMATION

I, _____, hereby authorize

- **Workforce Solutions Capital Area Workforce Board**
- **Workforce Solutions Business Services**
- **Workforce Solutions Career Centers**
- **Workforce Solutions Child Care Services**

(including any of the above listed agencies' officers, employees, contractors and/or agents)

A) To release, disseminate or use information about myself and/or my child for print, broadcast, or electronic publication;

B) To use, re-use, publish and re-publish photographs, film or video of myself and/or my child in whole or in part, individually or in conjunction with other photographs, films or video, in any medium and for any purpose whatsoever, including but not limited to illustration, promotion, advertising and trade;

C) To copyright any photographs, film, video or printed material; and

D) I understand that I will not be given any monetary compensation.

I am over the age of eighteen; I have read the foregoing and fully understand the contents thereof. In signing this release, I waive any claim arising out of such release, dissemination or use and hold Workforce Solutions blameless from any litigation.

Printed Name of Participant

Printed Name of Parent/Guardian

Signature of Participant or Parent/Guardian

Date