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# Image Release Form

We seek permission to use your photo, name, voice, statement, written work and/or art

WorkSource system partners and customers are occasionally asked to be a part of publicity, publications and/or public relations activities, which may include representation in the media.

This signed form indicates agreement that the subject's name, picture, art, written work, voice, verbal statements and/or portraits (video or still) may appear in WorkSource publications, videos and/or website, or in print, social or broadcast media. These images may or may not personally identify the subject. The subject also agrees that:

- No money shall be paid.
- Consent and release have been given willingly.
- The name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used in the future.

WorkSource system members agree that the subject's name, picture, art, written work, voice, verbal statements and/or portraits (video or still) shall be used only for public relations, public information, event or project promotion, publicity and instruction.

If the subject or, in the case of a minor child, parent or guardian wish to rescind this agreement, they may do so at any time with written notice.

## AGREEMENT

I authorize WorkSource to use my name, voice, verbal statements and/or any photographs, film, digital recording or videotape that may contain my likeness, for publicity or informational purposes. This includes the editing, duplication, reproduction, copyright, representation in the media, exhibition, broadcast, posting on WorkSource-branded sites or social-media sites and/or other non-profit use and distribution of such photographs for purposes deemed suitable by WorkSource representatives, unless I make my wishes to the contrary known. I understand that my image or any information that I provide may be used.

## PLEASE SIGN HERE

\_\_\_\_\_  
Subject (print name)

\_\_\_\_\_  
Signature of subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

## PLEASE COMPLETE THIS SECTION FOR MINORS

*If subject is a minor child (less than 18 years old), complete the following section.*

\_\_\_\_\_  
Guardian (print name)

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Minor (print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number