



Workforce Solutions of West Central Texas

Authorization to Release Written Information, Photographs, or Video

I, hereby authorize Workforce Solutions of West Central Texas (including any of its officers, employees, contractors and agents) to release, disseminate, or use marketing-related written information about myself (or my child) for print, broadcast, or electronic publications.

I authorize the use of my photograph (or my child's), if provided, for the same purpose. I also authorize the use of videotape or film taken of me (or my child) individually or in conjunction with any other film or videotape for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade.

I understand that I will not be given any monetary compensation for my time or services. I hereby release and discharge Workforce Solutions of West Central Texas from any and all claims and demands arising out of, or in connection with, the use of written material/photographs/videotape/film including any and all claims for libel.

I am 18 years or older. (If not, a parent/guardian needs to sign the form as well.) I have read the foregoing and fully understand the contents thereof.

Printed Name of Subject

Signature

Date

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