



A proud partner of the americanjobcenter network

**CONSENT FOR USE OF STORY, PHOTOGRAPH(S),
VIDEOTAPE(S) AND/OR AUDIO RECORDINGS**

I, _____, hereby grant permission to ARIZONA@WORK to use the following information about me and my minor children or legal wards listed below for use in stories (*biographical information*), photographs, videotapes and audio recordings

about _____, (*name of child or ward*)

about _____, (*name of child or ward*)

about _____, (*name of child or ward*)

about _____, (*name of child or ward*)

about _____, (*name of child or ward*)

about _____, (*name of child or ward*)

to promote ARIZONA@WORK programs and services. The agreed upon information may be distributed in any manner or media, including but not limited to videos, websites, brochures, publications, promotions, broadcasts, advertisements, posters, training/presentations and/or public awareness/educational settings.

I release ARIZONA@WORK and its staff, from all claims and liabilities of every kind and description under statute, regulation, and common law, which I, or my children or wards may have against ARIZONA@WORK arising in any way from or relating to publication of such stories (*biographical information*), photographs, videotapes and audio recordings. I hereby, as to this consent only, waive confidentiality and privacy with respect to the commercial and/or media use of my children's or ward's stories (*biographical information*), photographs, videotapes, and audio recordings.

There is no time limit on the validity of this release or geographic limitation on where these materials may be distributed.

I understand that I may revoke this consent at any time by written notice to the person/organization named above that is disclosing my information, except to the extent that the disclosure authorized has been acted upon prior to the receipt of any written revocation.

I understand that I do not have to sign this consent. I understand that ARIZONA@WORK may not condition eligibility for services on my signing this consent except as provided under state or federal law.

I understand that my, or my children's or ward's, stories (*biographical information*), photographs, videotapes and audio recordings will be used at the discretion of ARIZONA@WORK, without compensation

to me or my children or wards. I understand that my, or my children's or ward's images may be edited, copied, exhibited, published or distributed, and I waive my right to inspect or approve the finished product wherein my, or my children's or wards', likeness appears.

I understand that this consent shall be binding upon me, my children or wards, duly appointed representatives, heirs, assigns, executors, administrators, spouse and next of kin.

www.arizonaatwork.com

NOTE: For children under age 18 whose information may be used, a parent or legal representative signature is required. For adults over age 18 not legally competent to sign, a legal representative signature is required. A legal representative includes, but is not limited to; court-appointed guardian or power of attorney (*under limited circumstances*). When a legal representative signs, documentation evidencing that the representative has been duly appointed to represent the client's interest is required.

Client's Full Name (print or type)

Phone No. and Area Code

Client's Email Address

Phone No. and Area Code

Client's Signature

Date

Check this box if signed by a legal representative and ARIZONA@WORK was provided documentation evidencing the relevant authority.

Parent/Legal Representative's Name (print or type)

Parent/Legal Representative's Signature (if applicable)

Date

Description of Legal Representative's Authority (if applicable):

This consent was revoked/withdrawn in writing on _____
Date

Staff's Name

Signature

Date

***A Facsimile or Photocopy of this consent is considered
to be as authentic as the original***