

## Governor's Committee on Disability Issues and Employment Publication, video and website consent and release agreement

The committee seeks permission to use your photo, name, voice, statement, written work and/or art Governor's Committee on Disability Issues and Employment (GCDE) employees and members of the public are occasionally asked to be a part of GCDE's 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 the committee's 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.

Governor's Committee on Disability Issues and Employment, agrees 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, he or she may do so at any time with written notice.

## **Agreement**

## Release agreement

I authorize the Governor's Committee on Disability Issues and Employment 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 GCDE's website, and/or other non-profit use and distribution of such photographs for purposes deemed suitable by GCDE, unless I make my wishes to the contrary known. I understand that my image or information that I provide may be used without my review.

## Please sign here

Please complete this section for

minors

| Subject (print name)                   | Signature of                                     |
|--|--|
| subject Date                           | Phone number                                     |
| If subject is a minor child (less than | n 18 years old), complete the following section. |
|  |  |
| Guardian (print name)                  | Signature of guardian                            |