**Department of Human Services Community Youth Employment Program**

**RELEASE FORM – ENTITY**

**Authorization for Release of Photograph, Voice**

**Use of Likeness or Printed Quotes or Statements**

I hereby release to the Illinois Department of Human Services (“the Department”) its officers, agents, employees and/or affiliates the rights of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (entity) photograph, image, likeness, representative’s voice as recorded on videotape or film and any oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Community Youth Employment Program (“the Program”). I hereby release any and all claims against the Department its officers, agents, employees and/or affiliates arising out of or in connection with the usage of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (entity) photo, likeness, representative’s voice and/or oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by the Department) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Program. I acknowledge that this release is legally binding and understand that this is the entity’s final notice regarding this matter and that the Department its officers, agents, and/or affiliates may proceed in reliance thereon. The undersigned in this release desires to assist in the work of the Department, its officers, agents, employees and/or affiliates by making the entity’s image, likeness, representative’s voice and/or oral or written statement(s) available for the Department’s program marketing publication(s) related to the Program. By signing below, I acknowledge, I, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (entity) hereby release, indemnify and hold harmless, the Department, its officers, agents, employees and/or affiliates from and against any and all claims, losses, suits, damages, or costs (including reasonable attorney’s fees) arising out of, resulting from or relating to the entity’s participation in the Department’s marketing publication(s) related to the Program. I further acknowledge that (1) I am a person of legal age and the person identified below who is authorized to execute this release; (2) I have read this release in its entirely; (3) I fully understand and accept its terms; and (4) I have executed this release voluntarily.

Name of entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity’s representative furnishing oral or written statement(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date picture taken and/or oral or written statement was made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative Signature and Title Date**