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

**RELEASE FORM – INDIVIDUAL**

**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, and/or affiliates the rights of my and/or my child/ward’s photograph, image, likeness, 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/Summer Youth Employment Program (“the Program”). I hereby release any and all claims against the Department its officers, agents, and/or affiliates arising out of or in connection with the usage of my and/or my minor child/ward’s photo, likeness, voice 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 my 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, and/or affiliates by making their and/or minor child/ward’s image, likeness or voice and/or oral or written statement(s) available for program marketing publication(s) related to the Program. By signing below, I acknowledge that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on behalf of myself and/or my minor child/ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby release, indemnify and hold harmless the Department its officers, agents, and/or affiliates form and against any and all claims, losses, suits, damages, or costs (including reasonable attorney’s fees) arising out of, resulting from or resulting from or relating to my and/or my minor child/ward’s participation in the Department’s marketing publication(s). I further acknowledge that (1) I am a person of legal age and the person (or the parent/guardian of the minor child/ward) identified below who is authorized to execute this release; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; and (4) I have executed this release voluntarily.

Individual’s name appearing in photograph and/or furnishing oral or written statement(s):

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

Minor: Yes \_\_\_\_ No \_\_\_\_ (If individual is a minor, a parent or legal guardian must execute this authorization on behalf of the minor child on the appropriate line below)

**Date picture was taken and/or oral written statement(s) made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Legal Guardian’s signature and printed name if on behalf of minor child:**

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

**Signature Printed Name**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of adult individual appearing in photograph and/or furnishing oral or written statement(s)

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