Hugh McDonald
SECRETARY OF COMMERCE

Cody Waits
DIRECTOR OF
WORKFORCE CONNECTIONS

Consent and Release Form

I hereby grant the Arkansas Division of Workforce Services (ADWS), Arkansas Workforce Connections (AWC), and Workforce Innovation and Opportunity Act (WIOA) programs permission to use my likeness, voice, and information in a photograph, video, audio recording, and print in any/all its publications, including website and social media posts, without payment or any other consideration. I understand and agree that these materials will become the property of ADWS/ AWC/ WIOA programs and will not be returned.

I hereby irrevocably authorize the above-named entities to edit, alter, copy, exhibit, publish or distribute this photo or story for purposes of publicizing ADWS/ WIOA programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or story.

I hereby hold harmless and release and forever discharge ADWS/ AWC/WIOA programs from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME	DATE
SIGNATURE	DATE

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

PARENT/ GUARDIAN'S PRINTED NAME	DATE
PARENT/ GUARDIAN'S SIGNATURE	DATE