Multimedia and Communication Release Form

I hereby grant permission to San Diego Workforce Partnership (SDWP), its agents, and others working under its authority, full and free use of my name, face, likeness, voice, appearance, and statements in their publications forever and throughout the world, in all media, whether now known or hereinafter devised without compensation, reservation or limitation. I understand these images, recordings and/or writings may be used for but not limited to website, social media, print collateral, news, research, and/or education purposes in all media in perpetuity.

I hereby release, discharge, and hold harmless SDWP and its agents from any and all claims, demands, or causes of action arising out of, or in connection with, the use of the written material, photographs, videotape, film, including any and all claims for libel.

I understand that my authorization is voluntary. My refusal to sign this authorization will have no effect on my current or future involvement in programs and services.

Applicant Name:_____ Age:_____ Applicant Signature: _____ Date:_____

Witness Name:_____ Witness Signature:_____ Date:_____

If applicant is less than 18 years of age, a Parent/Legal Guardian Signature below is required

Parent/Legal Guardian Signature:_____ Relationship to Applicant:_____ Date:_____

❑ *I do not grant permission and am declining to sign the Multimedia & Communication Release form. My refusal to sign this authorization will have no effect on my current or future involvement in programs and services.*

Applicant Printed Name:_____ Date:_____

Texting disclosure opt-in:

SDWP and its program partners may send text messages regarding media releases, news, and social media, as well as distributing program updates and customer satisfaction surveys. The participant may modify this list at any time by re-submitting this form. Staff will use the email and cell phone number provided on the WIOA application in CalJOBS.

Choose one:
❑ Texting allowed. Message & Data rates may apply.
❑ Use email only

Applicant Initials_____ Parent/Legal Guardian Initials_____

SDWP and its program partners may also provide event and job notifications and feature programs or persons through the use of social media.

Check all that apply:
❑ Yes, you may join my Twitter page. Provide here:_____
❑ Yes, you may join my Facebook page. Provide here:_____
❑ Yes, you may join my Instagram page. Provide here:_____
❑ Yes, you may join my Snapchat. Provide here:_____

Applicant Initials_____ Parent/Legal Guardian Initials_____