workforce SOLUTIONS

Participant Parental Consent Form

Release of Creative Works/Photos/Audio/Video

I hereby consent to have my child photographed, video-taped, audio taped and/or interviewed by Workforce Solutions & its contracting staff for the Lower Rio Workforce Development Area (hereafter LRWDA), its affiliates or the news media. Additionally, I hereby give Workforce Solutions & its contracting staff consent to use creative work(s) generated and/or authored by my child on the Internet, or on an educational CD, or any other electronic/digital media. I understand that my child will be identified by first name only, for confidentiality purposes, as the author of said work. I also consent to Workforce Solutions & its contracting staff's use of my child's photograph or likeness or voice on the Internet or on an educational CD, or any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless Workforce Solutions & its contracting staff, LRWDA, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium. It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's creative work(s), photograph, likeness or voice.

Participant Name: _____
Last First MI

Address: _____
Street Apt# City State Zip

Telephone #: _____ SS#: _____ DOB: _____/_____/_____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program.
Deaf, hard-of-hearing or Speech Impaired customers may contact Relay Texas: (800)735-2989 (TDD) (800)735-2988(Voice)