PUBLICATION AND MEDIA CONSENT / RELEASE FORM

I, _____, authorize the exchange of information between the Rehabilitation Division and the media, and/or for Division Publications to use the following information regarding my Rehabilitation Experience as specified below:

I authorize pictures of client to be taken during the Pre-Employment Transition Services Camp and to be used for marketing to future potential campers, reporting documentation of Pre-ETS Camp program success to local, state and federal community partners and administration.

_____

Authority for the Division to Release Information to the Media for Publication
(Please Initial)

_____ 1. By initialing this box and signing below, I am specifically authorizing the Division to release the information expressly stated above, to any media source or outlet of any type or nature, and I understand that the information will then be distributed to the general public.

_____ 2. By initialing this box and signing below, I am specifically authorizing the Division to release my photograph, to any media source or outlet of any type or nature, and I understand that the information will then be distributed to the general public.

If the Rehabilitation Division receives information, that information will be kept confidential as allowed and required by law. If the Rehabilitation Division releases information upon my request to a third party, the Rehabilitation Division will not guarantee the confidentiality of the information and will not be legally responsible for any misuse of that information by the third party. If the Division releases information to a media outlet upon my request, the Division will not guarantee the accuracy of any media news coverage and/or stories, will not be legally responsible for any such media news coverage and/or stories, and will not guarantee that the information will be properly used.

Date, event, or condition upon which this consent expires: August 30 2025.

Client Signature: _(Parent or Guardian, as appropriate)_____ Date: _____

Witness Signature: _____ Date: _____