



Kentucky Office of Vocational Rehabilitation

500 Mero St., Frankfort, KY 40601

Photo and Multimedia Release Form

I give OVR permission to use my name, photograph, story, and video/audio in marketing and communication materials for the promotion of the Kentucky Education and Labor Cabinet and its agencies. This may include, but is not limited to, magazine articles, online websites, social media, advertising on TV, online, radio, newspapers, and outdoor properties. I understand I shall not receive any payment if OVR uses my name, photograph, story, and video/audio.

I hereby release the Kentucky Education and Labor Cabinet and its employees and agents from any liability for violation of any personal, proprietary, or monetary right I may have in connection with such use and waive any claims for damages arising from the use of my name, photograph, story, and video/audio.

I understand that all images and recordings of me will become the property of the Cabinet. I have read and fully understand the terms of this release.

Print Name:

* Signature

Date

Complete this section only if Parent or Guardian signature is required (person under 18 years old or legal custody of an adult is in place)

Print Name:

* Signature

Date