



Kentucky Office of Vocational Rehabilitation

500 Mero St., Frankfort, KY 40601

## Photo and Multimedia Release Form

I understand and agree to allow my name, photograph, story, and video/audio to be used in any number of marketing purposes and communication vehicles for the promotion of the Kentucky Education and Labor Cabinet and its agencies. This may include, but is not limited to, magazine articles, web features, social media, national and regional advertising on TV, online, radio, newspapers, and outdoor properties.

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

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

Event Approved for Release:

Event Date:

Print Name:

Phone Number:

\* 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

\* If signing electronically, type your name and append "/s/" to the beginning, (ex: /s/ John Doe)