



# Photo/Story/Video Release Form

I hereby grant the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program (TANF) permission to use my likeness in a photograph, written story, or video in any and all of its publications, including Web site entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo, story, or video for purposes of publicizing the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, story, and/or video.

I hereby hold harmless and release and forever discharge the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have, or may have, by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Typed Name of Participant)

(Signature of Participant / Date)

(Typed Name of Case Manager)

(Signature of Case Manager / Date)

(Typed Name of Local Office Manager)

(Signature of Local Office Manager / Date)

(Typed Name of Local Office)

(Participant's County)

If the participant signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of , named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Typed Name of Parent/Guardian)

(Signature of Parent/Guardian / Date)

### TANF Funded Initiative Programs

Organization / Agency: \_\_\_\_\_

Typed Name of Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Geographic Area: \_\_\_\_\_

*For example: Counties where TANF Funds successfully assisted the Program Initiative)*



### FOR CENTRAL OFFICE USE ONLY

Date Received:

Filed By: