



Developmental
Services
**Workforce
Initiative**

PHOTO CONSENT FORM

I hereby authorize my name, likeness, and image to be used by the Developmental Services Workforce Initiative for education, public relations and communication purposes.

I understand my picture(s) might be used for promotional purposes in posters, websites, social media and newsletters. My consent extends to such purposes as the Developmental Services Workforce Initiative may consider appropriate.

I acknowledge that the personal information referred to on this form was provided freely and voluntarily. By signing this form, I agree to release the Developmental Services Workforce Initiative and its representatives from any claim or liability that may arise out of the use or disclosure of the information collected on this form.

I have read this form and I understand its contents. I hereby give my consent as follows:

Name: _____

Agency (if appropriate) _____

Signature

Date

Address: _____

Phone: _____

Email: _____

Signed consent forms will be kept by the Developmental Services Workforce Initiative.
Signed consent forms must be completed for each person photographed.