

## PHOTO AND MEDIA RELEASE FORM

The California Workforce Development Board (CWDB) promotes and celebrates statewide workforce development efforts via the Internet, social media platforms, press releases, and newsletters. We share the successes of our grantees, partners, and participants to highlight innovative workforce development approaches.

Photographs, video footage, and success stories amplify organizational work, create a platform for workers' voices, feature creative pathways to employment, and highlight the unquantifiable successes of participants. For this reason, the CWDB requests participant and partner support to capture moments that help tell the story of each initiative and project.

*Complete the release form below to consent to CWDB's use of photos or videos containing your likeness.*

I \_\_\_\_\_ authorize the CWDB to use my photograph, biographical information, video, voice recording, and likeness for various CWDB publications, including the CWDB website, social media platforms, and print or web-based publications. I understand and agree that any photography or video using my likeness will become the property of the CWDB and will not be returned. I further understand that this authorization grants the CWDB the right to take and use additional photos, videos, and voice recordings in the future without requiring an additional authorization form to be completed.

I authorize the CWDB to edit, alter, copy, exhibit, publish, or distribute my photographic information to publicize the CWDB's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I understand that I may rescind my consent to be photographed or recorded at any time by emailing [media@cwdb.ca.gov](mailto:media@cwdb.ca.gov).

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

OPT-OUT I do not wish the CWDB to use my image or likeness in any recorded format or medium. I am responsible for letting the photographer or videographer know that I do not wish to be photographed or recorded.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Email the completed form to [media@cwdb.ca.gov](mailto:media@cwdb.ca.gov)**