



C-TEC Youth Services

An Equal Opportunity Employer/Program

19600 Molalla Ave. M113, Oregon City, OR 97045
Phone 503.594.3964 ~ Fax 503.722.5868

PUBLICITY RELEASE

I give permission for my photo(s) or video footage (or my child's, in the case of a minor) to appear in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about C-TEC Youth Services activities and programs.

I hereby grant C-TEC Youth Services and its partners (including but not limited to the Workforce Investment Council of Clackamas County, U.S. Dept. of Labor, Oregon Employment Department, Oregon Department of Human Services, Oregon Department of Community Colleges and Workforce Development, Economic and Community Development) permission to use my likeness in a photograph accompanied by a story and/or quote about me in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of C-TEC Youth Services and its partners and will not be returned. I hereby irrevocably authorize C-TEC Youth Services and its partners to edit, alter, copy, exhibit, publish or distribute photo, story and/or quote for purposes of publicizing the above agency's programs 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 appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or story.

I hereby hold harmless and release and forever discharge the above agencies from all claims, demands, and causes of action which 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 give permission for C-TEC Youth Services to use my photo(s) or video footage and name in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about C-TEC Youth Services activities and programs. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Name of Youth (*please print*)

Signature

Date

Parent/Guardian Signature (*in case of a minor*)

Date

I do not give permission for C-TEC Youth Services to use my photo(s) or video footage and name in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about C-TEC Youth Services activities and programs.

Name of Youth (*please print*)

Signature

Date