



Katie Hobbs
Governor

Michael Wisehart
Director

Consent for Use of Story, Photograph(s), Videotape(s) and/or Audio Recordings

I, _____, on behalf of myself and my minor children or legal wards listed below:

- _____, (name of child or ward)
- _____, (name of child or ward)
- _____, (name of child or ward)
- _____, (name of child or ward)
- _____, (name of child or ward)
- _____, (name of child or ward)

hereby grant permission to the Arizona Department of Economic Security (DES) to use information about me and my minor children or wards listed for use in stories (*biographical information*), photographs, video recordings, and audio recordings to promote DES programs and services. The agreed upon information may be distributed in any manner or media, including but not limited to videos, websites, brochures, publications, promotions, broadcasts, advertisements, posters, training/presentations and/or public awareness/educational settings.

I release DES and its staff, from all claims and liabilities of every kind and description under statute, regulation, and common law, which I, or my children or wards may have against DES arising in any way from or relating to publication of such stories (*biographical information*), photographs, video recordings, and audio recordings. I hereby, as to this consent only, waive confidentiality and privacy with respect to the commercial and/or media use of my or my children's or ward's stories (*biographical information*), photographs, video recordings, and audio recordings.

This authorization is valid until revoked except that for any child/ward named above, the authorization terminates as to that child when the child turns 18 years old. There is no geographic limitation on where these materials may be distributed.

I understand that I may revoke this consent at any time by written notice to DES at 1789 W. Jefferson St., Mail Drop 1131, Phoenix, AZ 85007, except to the extent that the disclosure authorized has been acted upon prior to the receipt of any written revocation.

I understand that I do not have to sign this consent. I understand that DES may not condition eligibility for services on my signing this consent.

I understand that my, or my children's or ward's, stories (*biographical information*), photographs, video recordings and audio recordings will be used at the discretion of DES, without compensation to me or my children or wards. I understand that my, or my children's or ward's images may be edited, copied, exhibited, published or distributed, and I waive my right to inspect or approve the finished product where my, or my children's or wards', likeness appears.

I understand that this consent shall be binding upon me, my children or wards, duly appointed representatives, heirs, assigns, executors, administrators, spouse and next of kin.

See page 2 for ADA/EOE disclosures

Note: For children under age 18 whose information may be used, a parent or legal representative signature is required. For adults over age 18 not legally competent to sign, a legal representative signature is required. A legal representative includes, but is not limited to; a court-appointed guardian or in very limited circumstances, a power of attorney (*consult with legal counsel before accepting*). When a legal representative signs, documentation evidencing that the representative has been duly appointed to represent the client's interest is required.

Client's Full Name (*print or type*): _____

Client's Email Address: _____ Phone Number: _____

Client's Signature*: _____ Date: _____

Check this box if signed by a legal representative and DES was provided documentation evidencing the relevant authority.

Parent/Legal Representative's Name (*print or type*): _____

Parent/Legal Representative's Signature*: _____ Date: _____
(*if applicable*)

Description of Legal Representative's Authority (*if applicable*):

This consent was revoked/withdrawn in writing on (*date*): _____

Staff's Name: _____

Signature*: _____ Date: _____

***Create your Digital Signature using Adobe Acrobat or Reader. Otherwise print out form, sign, and return.**

A Facsimile or Photocopy of this consent is considered to be as authentic as the original.