



Riverside County Department of Public Social Services

STANDARD MEDIA/PUBLICATION RELEASE FORM

TO: Riverside County Department of Public Social Services
4060 County Circle Drive
Riverside, CA 92503

I hereby grant permission without restriction for Riverside County Department of Public Social Services (DPSS) to incorporate video/audio recordings, still photographs, likenesses, and/or testimonials of

_____ taken/given _____
NAME DATE

into DPSS projects for marketing, brochures, reports, television broadcast, cablecast, closed circuit broadcasts, internet, electronic transmission, performance, distribution on videocassette/DVD, social media platforms, internal training, and in printed material.

I release and hold harmless DPSS from any reasonable expectation of privacy or confidentiality associated with my testimonial or involvement in a project.

I acknowledge DPSS ownership of the resulting edited program or publications and all its constituent elements (video footage, soundtracks, etc.). I license DPSS to use my video/audio recordings, photographs, likenesses, and/or testimonials without compensation to me and I hereby renounce all future claims for royalties or any other form of compensation.

Further, I release and hold harmless DPSS, the County of Riverside, its officers, employees, agents and/or third parties associated with the creation of the underlying project from liability for any claims by me or a third party in connection with my involvement in the project.

SIGNED NAME

NAME LEGIBLY PRINTED

DATE

If the performance is by a minor (under age 18), I consent to DPSS to use my child's likeness, statements and all areas outlined above without compensation to me or my child. Further, with this consent, I declare no consent from another parent or guardian is required.

PARENT'S SIGNATURE

NAME LEGIBLY PRINTED

DATE