

Employee Media Authorization and Release Form

I do hereby grant permission and authorization to my employer, WorkNet Pinellas, and its employees, agents, and representatives who are acting on behalf of WorkNet Pinellas, the unrestricted right to record, videotape, and photograph my image and/or voice (hereinafter referred to as "likeness") and to use my likeness and/or name for purposes related to WorkNet's workforce development mission including outreach efforts, advertising, publicizing, marketing or for any other lawful purpose, without any special compensation to me.

I hereby authorize WorkNet Pinellas to edit, alter, copy, exhibit, publish or broadcast my likeness at any time by any means on any media, including print, video, television, radio, social media, and satellite transmissions or rebroadcasts, podcasts, or other digital delivery or publications. I waive the right to inspect or approve the finished photograph, copy or printed material that may be used.

I release WorkNet Pinellas, its officers, employees, representatives, and agents from any and all claims, demands, and liability related to the making, showing, using or distributing of my likeness, including, without limitation, all claims of invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

If at any time and for any reason I want/need to revoke this authorization, it is my responsibility to put that revocation in writing and submit it to the Director of Human Resources or the WorkNet President and CEO.

_____ Employee Signature	_____ Witness Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date