COLORADO DEPARTMENT OF LABOR & EMPLOYMENT (CDLE), LOCAL WORKFORCE REGIONS AND PARTNERS
RELEASE AND WAIVER

I, _____, do hereby give CDLE, the local workforce regions and their partners the right to use my name, photograph and/or quotes for any use CDLE, the local workforce regions and their partners deem appropriate in their promotion and marketing efforts. I understand that my image and/or quotes may be used in all forms of media and in all manners, in print and online. I understand that my quotes may be edited for content, but will not deter from the true spirit of the quotation.

I also hereby release CDLE, the local workforce regions and their partners (and their agents and employees) from all claims, demands, and liabilities whatsoever in connection with the above. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website that may be created in connection therewith.

I understand that CDLE, the local workforce regions and their partners cannot control the unauthorized use by persons other than CDLE, the local workforce regions and their partners of my name, image and quotes once such material has been published.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Executive this _____ day of _____, 20__.

Signature of person whose printed name appears above.

Signature: _____

Address: _____

_____

Phone: _____

I hereby grant permission to CDLE, the local workforce regions and their partners to take recorded statements of myself. I understand that these recorded statements may be used by the news media or as part of CDLE, the local workforce regions and their partners marketing efforts, or any other medium of communication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of CDLE, the local workforce regions and their partners (and their departments and/or employees). I understand that the interviewing on this date is being conducted with my permission and consent and I assume full responsibility for the release of information about myself and/or the person for whom I am granting permission, which will result.

(PLEASE PRINT)

_____

Name of Person being interviewed

Executive this _____ day of _____, 20__. _____

_____

Address (include city, state and zip code)

_____

Signature

_____

Area Code and Phone Number