

## Release Agreement

I hereby consent to the use of my name, voice, or picture to the Kentucky Department of Vocational Rehabilitation for purposes of promoting, advertising, or otherwise disseminating information (including local area newspapers) regarding services of the Kentucky Department of Vocational Rehabilitation in printed or electronic form.

I hereby release the Kentucky Department of Vocational Rehabilitation and its employees and waive any claims for damages arising from the use of my name, voice, or picture.

I also release the use of my name, voice, or picture to the Kentucky Department of Vocational Rehabilitation without compensation or other consideration.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Signature of Guardian (If appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date