

INFORMATION RELEASE AGREEMENT



I, (print full name) _____,
authorize and give full consent to the Dane County Department of Human Services (DCDHS) and its employees, agents, and personnel who are acting on behalf of DCDHS, to publish or otherwise use my name, story, and/or photograph at any future time. My story is my circumstances, struggles, and situation as relayed by me. It is understood that DCDHS may review my records for the purpose of preparing and providing pertinent and accurate details of my story.

It is further agreed that the Dane County Department of Human Services, may use or cause to be used these materials for any and all program-related publications and promotional purposes without limitation as to time or subject matter, reservation, or any compensation. This authorization extends to printed newsletters, brochures, posters, annual reports, and material posted on the Department of Human Services website, partner website/newsletter, or a third-party media website used to hold Dane County Department of Human Services audiovisual or streaming media. I understand that, although DCDHS may use my photograph or likeness or story in accordance with its standards of good judgment, DCDHS cannot warranty or guarantee that any further dissemination of my photograph or likeness or story will be subject to DCDHS supervision or control. Accordingly, I release DCDHS and Dane County from any and all liability related to the dissemination of my photograph or likeness or story.

I acknowledge that I have read this document, understand its contents and agree to its terms. I also understand my signing or not signing this agreement will have no effect on my continued eligibility or ineligibility to receive services from or through the DCDHS or its partners.

Date _____

Print Name _____

Signature _____

Street Address _____

City/State _____ Zip _____

Phone number _____

Email address _____

Witness (if present) _____

DCDHS Staff, print name _____

DCDHS Staff, signature _____