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Alameda County Social Services Agency
MEDIA RELEASE AUTHORIZATION

The following person (PRINT NAME) _____, and, if under the age of 18 along with undersigned Parent/Guardian, agrees to be photographed, filmed, or recorded by SSA Staff (which is also fully inclusive of Alameda County Workforce Development Board and its affiliated partners) or any media organization approved by his/her SSA supervisor and the SSA Public Affairs Office while participating in the following event or activity on the specified date:

Name of Event

Date

By signing this form, I give SSA (which is also fully inclusive of Alameda County Workforce Development Board and its affiliated partners) permission to share information with media outlets in the development of stories, related media coverage, and/or the County's print and electronic media (newsletters, website, Facebook, Twitter, and/or other social media). I also agree to have my picture or the above-named minor's picture taken for use in print or electronic advertisement or reproduction in any way that Alameda County Social Services deems suitable.

My signature to this form is completely voluntary and in no way connected to my right to receive SSA services. My signature also releases SSA (which is also fully inclusive of Alameda County Workforce Development Board and its affiliated partners) from any responsibility for any errors, misrepresentation or misuse of my personal information, likeness, or statements on the part of a media organization.

I release the Social Services Agency (which is also fully inclusive of Alameda County Workforce Development Board and its affiliated partners), from any liability, damages, claims or costs associated with the use of my photo, image, likeness and/or testimonial statements in any manner or media.

Signature of Parent/Guardian
(If participant is under 18)

Date

Signature of Participant
(If over the age of 18)

Date

PLEASE SUBMIT TO LATOYA REED AT LATOYA.REED@ACGOV.ORG