Employee Media Consent

Employee Name: Click or tap here to enter text. Job Title: Click or tap here to enter text.

Division: Click or tap here to enter text. Supervisor Name: Click or tap here to enter text.

**Release Type:** (Check all that apply.)

Photographs:  Visual Recording:  Audio Recording:

Written Comments / Document:  Other:  Click or tap here to enter text.

**Release Permission:**

I hereby grant Alaska Department of Corrections (“DOC”) the irrevocable right and permission to use media of / pertaining to me, identified above, on State of Alaska, DOC and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such media of / pertaining to me, identified above, may be placed on the Internet. I also understand and agree that I may be identified by name and / or job title in printed, Internet or broadcast information that might accompany the media of / pertaining to me. I waive the right to approve the final product. I agree that all such media of / pertaining to me and any reproductions thereof, shall remain the property of DOC.

I hereby release, acquit and forever discharge the State of Alaska, DOC, its current and former employees, from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said media of / pertaining to me, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW, AND I UNDERSTAND AND AGREE TO ITS TERMS:

Employee Signature: Date:

Employee Printed Name: Job Title:

Witness Signature: Date:

Witness Printed Name: Witness Job Title: