

Mississippi Department of Employment Security
Authorization for Use of Information, Image or Likeness

I, _____, do permit and authorize the Mississippi Department of Employment Security and its employees, agents, and personnel who are acting on behalf of MDES to use my information, name, likeness, image, voice, photograph, video recording, audiotape, digital image, or the like taken for the purposes of relaying my story as it relates to the mission of MDES, including publicity, marketing and promotion of MDES and its various programs without compensation to me. I understand that any such information, name, likeness, image, voice, photograph, video recording, audiotape, digital image, and the like may be copied and distributed by means of various media, including video, presentations, television, radio, news bulletins, print media, publications, advertisements, websites, and online platforms including social media. I waive any right to inspect or approve the finished product, or any material in which MDES may eventually use the information or photographs.

I relinquish and give MDES all rights, title and interests in and to the information and photographs, including any copyright therein. The consent and release shall be binding upon my heirs, successors, assigns, and legal representations.

I release MDES from any and all liability related to dissemination of my information, photograph or likeness, reproduction, distribution and display of the information or photograph or likeness in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any information or photograph or likeness that was released based on this authorization.

I have read and understand the conditions of this consent form.

Signature

Date

Printed Name

Phone Number

Address, City, State, Zip