**EMT Career Pathway Program**

**Media & Publicity Release Form**

I understand that, during the course of my participation in the Saratoga County EMT Career Pathway Program, Saratoga County Department of Workforce Development (SCWD), and those acting with the permission or authority of SCWD, may capture my name, likeness, image, or voice in photographic, audio, video, digital or other forms (“Media”). I recognize that all Media – including film, photographic prints, audio, video or digital files – are the exclusive property of Saratoga County and SCWD. In addition, I hereby permit SCWD, and those acting with SCWD’s permission or authority, to use my name and Media, in any and all media (including Internet and Social Media applications), now or hereafter devised, for any non-commercial, non-profit, educational or promotional uses. I understand and agree that SCWD, or those acting with its permission or authority, may use the Media in materials available to the general public including in publicity or promotional materials for the Saratoga County EMT Career Pathway Program, SCWD, or Saratoga County.

I hereby waive any right to inspect or approve: (a) the finished media, (b) any printed matter that may be used in conjunction with the Media, or (c) the eventual use to which the Media may be applied.

This agreement constitutes the sole, complete, and exclusive agreement regarding the Media, and I am not relying on any other representation, whether oral or written.

*NOTE: If a youth participant is less than eighteen (18) years old, a parent or guardian must also sign.*

Participant Signature Date

Preferred Contact: ❑ Text ❑ Call ❑ Email

Parent/Guardian Signature (if under 18) Date