

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**GENERAL RELEASE OF INFORMATION**  
**(Age 18 and Over)**

I hereby grant the South Dakota Department of Labor and Regulation (DLR) permission to use my likeness, image, and/or testimonial for public relations, marketing, and promotional purposes. This authorization includes but is not limited to the use of photographs, video recordings, and written testimonials.

I understand and agree to the following terms and conditions:

1. **Scope of Use:** DLR may use my likeness, image, and/or testimonial in any media format, including but not limited to print publications, websites, social media platforms, advertisements, presentations, and any other promotional materials.
2. **Duration:** This authorization shall remain valid indefinitely unless otherwise revoked by me in writing.
3. **Release:** I release DLR, its affiliates, agents, employees, and any third parties acting on its behalf, from any and all claims, demands, and liabilities arising out of or in connection with the use of my likeness, image, and/or testimonial.
4. **No Compensation:** I understand I will not receive any monetary compensation or royalties for the use of my likeness, image, and/or testimonial.
5. **Approval:** I acknowledge DLR has full editorial discretion over the use of my likeness, image, and/or testimonial, and I waive any right to inspect or approve the finished product.
6. **Modification:** I understand DLR may crop, alter, or edit my likeness, image, and/or testimonial as deemed necessary for use in promotional materials.
7. **Confidentiality:** DLR agrees to use my likeness, image, and/or testimonial in a manner consistent with its privacy policy and will not disclose any personal information without my consent.

By signing below, I acknowledge I have read and understand the terms of this release form, and I voluntarily consent to the use of my likeness, image, and/or testimonial by the South Dakota Department of Labor and Regulation for public relations, marketing, and promotional purposes.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_