

## **PARTICIPANT RELEASE FORM**

I,(Print Name)	, a participant, in the program
at(Name, Location/Site)	do hereby give permission to have my
	e and/or speech used in marketing materials to promote and mic and Workforce Development (UCAWD) in a manner that
(Participant's Signature)	(Date)
(Signature of Parent/Guardian if participant is	s under 18) (Date)