



PHOTO/STORY RELEASE AND AUTHORIZATION FORM

I hereby grant permission to the Mental Health, Addiction and Recovery Services (MHARS) Board of Lorain County and/or media agencies to use my or my child’s name, likeness, image, photograph, interview or story in official MHARS, Lorain County or affiliated printed publications, multi-media presentations, advertisements, website, social media, or other media/products without further consideration. I acknowledge MHARS/Lorain County’s right to crop or treat photographs at its discretion. This authorization includes, but is not limited to, the right to edit or duplicate and to use or reuse my or my children’s names, likeness, image and/or story in whole or in part.

I acknowledge that I have no interest or ownership in the publications in whole or part. I also authorize the right to broadcast, exhibit, market, sell and otherwise distribute the publications, products or programs, either in whole or in part, and either alone or with other products.

In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration. I also agree to indemnify and hold harmless from any claims the following:

- All Board Members of the Mental Health, Addiction and Recovery Services (MHARS) Board
- All Employees of the Mental Health, Addiction and Recovery Services (MHARS) Board
- All MHARS affiliates, partners, and provider agencies
- Lorain County

I have read the above Release and Authorization, understand its content and agree to be bound by its terms.

Your name (please print): _____

Date: _____ E-mail: _____

Address: _____

Phone: _____

Signature: _____

*PLEASE FILL OUT THE INFORMATION BELOW IF THE PERSON IS UNDER 18 years of age
(siblings and minor family members can be listed on the same sheet):*

Child name(s) (please print): _____

Child birthday(s): _____

Adult family members’ names (please print): _____

Signature of parent/guardian: _____