



Photo/Video Consent and Release Form

DATE _____

NAME _____

ADDRESS _____

FOR AN ADULT:

I, _____, do grant permission for my photo, image, voice, video, and/or name to be used in a broadcast commercial, publication or on the internet on behalf of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for the purposes of public education.

FOR A MINOR:

I, _____, do grant permission for the use of the photo, image,
(insert parent/guardian's name)

voice, video, and/or name of my child/ward _____
(insert child/ward's name)

to be used in a broadcast commercial, publication or on the internet on behalf of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for the purposes of public education.

Signature

Date