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