

St. Clair County Community Mental Health  
**Video/Photograph Release**

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Case #: \_\_\_\_\_

I hereby grant St. Clair County Community Mental Health (SCCCMH) the irrevocable right and permission to use photographs and/or video recordings of me on SCCCMMH and other websites and in publications, promotional flyers, educational materials, derivative works, as directed by SCCCMMH, in any existing or future format for any purpose without compensation to me. This is voluntary so no consideration or remuneration will be provided.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files or any future format are and shall remain the property of SCCCMMH.

I hereby release, acquit and forever discharge SCCCMMH, its current and former board members, management staff, officers and employees from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I understand that I may be identified as a recipient of public mental health services.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old or have a legal guardian, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Individual:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**If individual photographed/recorded is under eighteen (18) years old or has a legal guardian, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child or ward (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the individual named above.

\_\_\_\_\_  
Signature of Parent/Guardian of Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date