

St. Clair County Community Mental Health  
**Writing Release**

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

I hereby grant St. Clair County Community Mental Health (SCCCMH) the irrevocable right and permission to use the listed and attached pieces of writing in SCCCMH publications, SCCCMH websites, SCCCMH social media platforms and other non-SCCCMH publications, as well as all other websites, social media platforms, promotional flyers, educational materials, derivative works, as directed by SCCCMH, in any existing or future formats for any purpose without compensation to me. This is voluntary so no consideration or remuneration will be provided.

I hereby release, acquit and forever discharge SCCCMH, 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 writing, 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.

\_\_\_\_\_  
Author Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Author:

\_\_\_\_\_  
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 Author

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Author:

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

\_\_\_\_\_  
Date