

# Liability Release Form



I hereby agree that Stark County Mental Health & Addiction Recovery, or their member agencies and services, may use without obligation and may copyright for advertising, publicity and promotional purposes the photographs, videotape, stories, illustrations and/or accounts and descriptions in which I appear. I acknowledge that I will receive no reimbursement.

I consent to have my true name used in connection with these materials:

YES       NO

Signature of subject (if adult): \_\_\_\_\_ Date \_\_\_\_\_

Print name of signatory: \_\_\_\_\_

Print name of MINOR CHILD/CHILDREN: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Print name of above signatory: \_\_\_\_\_

Address (print): \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Separate & individual releases must be signed by each adult, and by a parent or guardian of each minor appearing in a photograph.