

Ozarks Mental Health Network

Photo & Video Release Form

Permission to Use Images

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I agree that Ozarks Mental Health Network may use such images of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, legislative advocacy and Web content.

I have read and understand the above.

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature _____

Parent or guardian _____
(if under age 18)

Scan and email to OzMHNetwork@gmail.com or give to an OzMHNetwork contact.