



PHOTO AND WRITING CONSENT & RELEASE OF LIABILITY

The selection of stories and/or photographs featured in Mental Health Services Act (MHSA) communications materials is up to the discretion of the Sonoma County Behavioral Health Division (BHD). The BHD reserves the right to shorten submissions and change names to ensure confidentiality. There is no monetary compensation for articles and/or photographs. Thank you for your participation.

Name: _____
 First Last Agency/Organization

Name as you would like it to appear in MHSA communications: _____
OR _____ I do not wish to have my name published with my story and/or photograph.

Phone Number: _____ Email Address: _____

Waiver of Right to Inspect and Approve

I give my permission to the BHD, its representatives, employees, and contractors to have my photograph and/or writing published, reproduced, distributed, copyrighted, and electronically transmitted in BHD communications efforts including, but not limited to the MHSA monthly newsletter, the MHSA and/or the BHD websites, or the MHSA Annual Update, and other related publications.

In addition I release and discharge the BHD and its representatives, employees and contractors from all claims, action, demands, and liability for injury or damage resulting from any of the above activities.

Signature Date

OR: If submission is by and individual under age 18, a parent or legal guardian must sign their consent to publish or reproduce their child’s story and/or photograph as set forth above.

Signature of parent of legal guardian Date

Printed Name of Parent or Legal Guardian