



## Media Release Form

*For the use of name, photographs, videotape, and quotations*

I, \_\_\_\_\_, give my permission for the Association for Children's Mental Health to print or publish (including electronically), or share via ACMH social media platforms my name, artwork, poetry, photographs, and video of me and/or to use quotations from me.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Emergency Contact

Contact Name	
Relationship	
Home Phone	Cell Phone
Work Phone	Other Info?

I \_\_\_\_\_ authorize Association for Children's Mental Health, to contact the contact listed above should a situation arise while I am at an ACMH function which the Executive director or designee deem to be an emergency.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_