



AUTHORIZATION FOR USE OF IMAGES/PERSONAL STORIES/VIDEO/AUDIO RECORDING

Name: _____ Case #: _____

Phone: _____ Email: _____

I hereby give consent and authorize LifeWays to:

- use my image
- make a video
- use my story or poem
- make an audio tape

This authorization will be in effect indefinitely. By signing this form, I understand that I will be identified publicly as a mental health consumer and I am willing to have my video, image, and words used as necessary to positively promote, publicize, or report on mental health issues. **I also understand it will not be possible to remove pictures or retract statements after I sign this release.**

Please check one:

I approve of the use of my full name for the purpose described above.

I do NOT approve of the use my full name for the purpose described above.

Please use: _____

All poems, stories, images, and video/audio tapes will remain the property of LifeWays and will not be returned. Such property will not be removed from the program of origin without authorization from the Chief Executive Officer or designee.

NOTE: Authorization should be requested immediately prior to a picture being taken or recording video/voice.

Signature

Witness Signature

Date

Title

Date

Parent/Guardian Signature (if applicable)

Relationship

Date