



**AUTHORIZATION TO USE
PUBLISH OR PHOTOGRAPH RELEASE**

<input type="checkbox"/> CLIENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> MODEL <input type="checkbox"/> OTHER	Name (print) _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email Address _____	Purpose: _____ _____ _____ _____
CHILDHHELP FACILITY OR OTHER	(Insert department and phone number, facility name, address, city, state, zip) _____ _____ _____	

The Undersigned hereby authorizes Childhelp, or the above facility, or anyone authorized by Childhelp to:
(Initial all provisions that apply)

- | | |
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| <p>1. ____ Act as an intermediary, making it possible for (name/agency) _____ to interview and/or photograph still or film for purposes of publication in newspapers, magazines, or other printed media or for broadcast by means of radio or television transmission, or for use on the intranet or internet.</p> <p>2. ____ use the above person's name in connection with any electronic or print publications (including but not limited to newspapers, television and/or radio broadcasts, books, brochures, magazines, motion pictures, and web and/or social media sites) for publicity, scientific or educational purposes in such manner and at such times and in such places as Childhelp or the person authorized by Childhelp shall determine.</p> <p>3. ____ Use any quotation and comment made verbally or tape recorded by the above-named person and/or his or her designated representative.</p> | <p>4. ____ Take and reproduce in photographic or digital form pictures, slides and audio/video recordings of the above named person in connection with the care and treatment or departmental functions at the above-named facility. Childhelp shall own unrestricted rights to all materials produced.</p> <p>5. ____ Use such pictures, slides and audio/video recordings in any electronic or print publication (including but not limited to newspapers, television and/or radio broadcasts, books, brochures, magazines, motion pictures, and web and/or social media sites) for publicity or educational purposes in such manner and at such times and in such places as Childhelp or the person authorized by Childhelp shall determine.</p> <p>For Clients: Unless I revoke this authorization earlier, it will expire two years from signature date or as specified:
_____</p> |
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I release Childhelp, its employees and agents, and business associates from any legal responsibility or liability for disclosure of the above images and information to the extent indicated and authorized herein.

Signature of Client, Employee or Model

Date

Signature of Legal Representatives or Parent (if under 18 years)

Relationship to Client/Model or description of Authority to Act

Witness