



## 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 my name, artwork, poetry, photographs, and video of me and/or to use quotations from me.

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

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

---

## 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 deems to be an emergency.

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

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