

## CONSENT and RELEASE FOR USE OF LIKENESS

I, \_\_\_\_\_ (please print name) hereby grant Screening for Mental Health, Inc. and their subsidiaries, affiliates, and successors, the absolute right and permission to use in perpetuity my likeness and voice as captured on video, picture, portrait or likeness, and any images, audiotapes, videotapes, and/or interviews of me taken or recorded (including edited versions thereof) in any manner for the purpose of education, training, advertising, trade, or any other lawful purpose whatsoever, in any media now known or ever developed.

I hereby waive all my rights to inspect and approve the finished product, its use, or such written copy as may be used in connection therewith. I understand that the producers are not obligated to use any of the recorded materials.

I agree that I will not hold Screening for Mental Health or anyone who receives permission from Screening for Mental Health responsible for any liability resulting from the use of the video in the manner described above, including but not limited to, any judgments, claims, losses and expenses (including reasonable attorney's fees) and any claims pursuant to any federal or state privacy laws.

I have read this Consent and Release for use of Likeness Form and I understand and agree to its contents. This consent/release is not restricted by time or geographic limitation.

I am over 18 years of age and have the right to make this agreement.

\_\_\_\_\_

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Everyone must have signed release forms mailed, faxed or emailed (email option is only available if you have access to a scanner) by February 3<sup>rd</sup>, 2012.*

**Mailing Address:**

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**Fax:** 781-431-7447

**Email:** [psacontest@mentalhealthscreening.org](mailto:psacontest@mentalhealthscreening.org)