



Kennebec Behavioral Health/Clubhouse  
Permission Given for Photo/Multimedia

I, \_\_\_\_\_, hereby consent and authorize Kennebec Behavioral Health (hereinafter KBH) its agents or employees, to obtain photographs/audio-video of me as a participant in the High Hopes Clubhouse activity of the KBH. I further consent and authorize the KBH, its agents or employees, to use, reproduce, or cause to have printed, said photographs/multimedia to be used in newsletters, published online or printed.

\_\_\_\_\_ (Including)  
\_\_\_\_\_ (Excluding)

Those which contain recognizable likeness (es) of me, for scientific teaching, demonstrating, general promotion and/or related to the functions and services performed by the KBH, its agents and employees.

I realize that I will be paid no fee or receive compensation of any kind for gathering permission to the KBH its agents or employees.

I understand that I am under no obligation to sign this form and be photographed or audio/videotaped. My refusal to sign this release will not affect the services that I receive while at the Clubhouse. I further understand that it is my responsibility to not inject myself into group pictures being taken.

I understand that I may withdraw this authorization herewith granted, at any time, by notifying my worker at the Clubhouse. I further understand that upon receipt of revocation will cause no further use of photographs of me to be made following receipt of revocation. Revocation may not prevent the continued use of materials containing my picture which have already been printed or distributed.

The photo or multimedia image is going to be used for High Hopes Clubhouse by Members and staff.

I furthermore consent to use my full legal name in association with this Photo/multimedia content  
\_\_\_yes                      \_\_\_no

Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name \_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_

Responsible Relative (if Granter is under 18 years of age)

Relationship: \_\_\_\_\_