



394 Chestnut Street  
Chillicothe, Ohio 45601  
Phone: 740-773-2283  
Fax: 740-773-2770  
[www.pvadamh.org](http://www.pvadamh.org)

## Teen Mental Wellness Video Contest Photo/Video/Publicity Release Form

Student Name \_\_\_\_\_

School \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

(Required If Student is under 18 years old)

Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby give Paint Valley ADAMH the unqualified rights to use or reproduce any or all such advertising, photos or videos of me (or my child) for the benefit of The ADAMH Board as stipulated below:

You may use my/participant's photo, video or name for publicity or promotion purposes:

- On the Paint Valley ADAMH Website or Social Media pages
- In ADAMH publications/video Productions
- In news releases to local media
- Advertising materials for the ADAMH board
- Quotes taken from an interview or correspondence
- Any information regarding my participation in the ADAMH Teen Mental Wellness Video Contest.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required If Student is under 18 years old)