



394 Chestnut Street
Chillicothe, Ohio 45601
Phone: 740-773-2283
Fax: 740-773-2770
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)