

## AUTHORIZATION AND RELEASE OF INFORMATION

I understand my video testimonial (the "Testimonial") made on behalf of Texoma Behavioral Health Leadership Team (hereinafter called "TBHLT") and its officers, agents, employees, independent contractors and/or affiliates may be used in connection with publicizing and promoting TBHLT. I authorize TBHLT to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize TBHLT to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing & promoting TBHLT's initiatives. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against TBHLT for the use of this statement. I understand that the Testimonial is for educational and informational purposes only.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my testimonial appears.

I hereby hold harmless and release TBHLT from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**Signature** \_\_\_\_\_

**Signature of Parent(s) or Legal Guardian(s) (if under 18)** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

I have read the authorization and release of information and give my consent for the use of my testimonial as indicated above.

**Signature** \_\_\_\_\_

**Signature of Parent(s) or Legal Guardian(s) (if under 18)** \_\_\_\_\_





## PHOTO / VIDEO / TESTIMONIAL RELEASE FORM

*Authorization for Release of Photograph, Voice, Use of Likeness or Printed Quotes or Statements*

**Authorization for use.** By signing this document, I hereby release to Texoma Behavioral Health Leadership Team (hereinafter called "TBHLT") and its officers, agents, employees, independent contractors and/or affiliates the rights of my photograph, image, likeness, voice as recorded on videotape or film, and any oral or written statement(s), regardless of format (whether they are direct quotes or paraphrased by TBHLT) for the purpose of promotional videos, publications, and marketing material, including Internet publications.

**Use of testimonial/photo/video.** I understand that these videos and reproductions may be used in the production of materials used to promote TBHLT's initiatives or TBHLT in general, in perpetuity. I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or my child(ren) or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

**Permission to revoke.** At any time, I may revoke this permission by contacting TBHLT. This revocation stops all future use of photos, videos and testimonials. I also understand that the choice of which reproduction is to be used, if any, is at the discretion of TBHLT, and that the decision would be based on artistic merit, specific design needs, technical requirements, and marketing and communication strategies. I also understand that I do not have copyrights to any photographs, video or electronic reproductions made by TBHLT.

I further acknowledge that:

1. I am a person of legal age and the person identified below who is authorized to execute this release;
2. I have read this release in its entirety;
3. I understand that my participation in TBHLT activities is not a replacement for the therapeutic relationship in psychotherapy and I am not participating with the intent of replacing professional medical advice;
4. I fully understand and accept its terms; and
5. I have executed this release voluntarily.

**Signature** \_\_\_\_\_

**Signature of Parent(s) or Legal Guardian(s) (if under 18)** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

