



PHOTO/STORY RELEASE AND AUTHORIZATION FORM

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In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration.

I also agree to indemnify and hold harmless from any claims the following:

- All Board Members of the Lorain County Board of Mental Health
- All Employees of the Lorain County Board of Mental Health
- All Lorain County Board of Mental Health affiliates, partners, and provider agencies
- Lorain County

I have read the above Release and Authorization and understand its content and agree to be bound by its terms.

Child name(s) (please print): _____

Child birthday(s): _____

Family members' names (please print): _____

Signature of parent/guardian: _____

Date: _____ E-mail: _____

Address: _____

Phone: _____