



Behavioral Health & Recovery Services Media Release Form

I hereby voluntarily and without compensation authorize images (generated from video and/or photographs and/or audio recordings) of me, stories, and quotes by me to be made for the following media-related purposes:

- Newsletters (including Wellness Matters)
- Electronic and Social Media (including Facebook, Twitter, YouTube)
- Visual Presentations
- Web sites (including the San Mateo County website and Network of Care)
- Brochures, Flyers
- Newspapers, Magazines, Advertisements or other publications
- Videos
- Television

I have read and understand the forgoing and I consent to the use of my image, stories, and quotes. I understand that the County has no control over how the public will use these information items about me and I hold the County harmless for any such uses by the public. I further understand that these items may be used at a future date and that no royalty fee or similar fees of any type shall become payable to me by the County of San Mateo for the use of my image, stories, and quotes.

I am 18 years of age or older (or the guardian of the minor whose photograph has been taken), and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Location and/or Event: _____

Date: _____

Print Name: _____

Signature: _____

If under 18 years of age:

Signature of Guardian _____

Print Name (Guardian): _____