



OKLAHOMA ASSOCIATION FOR INFANT MENTAL HEALTH
PHOTO RELEASE FORM

I give unrestricted permission for my or my child's image to be used in print, video and digital media. I agree that these images may be used by the **Oklahoma Association for Infant Mental Health (OK-AIMH)** for a variety of purposes and that these images may be used without further notifying me.

- I do understand that my child's last name **will not** be used in conjunction with any video or digital images.
- I understand that the information about me will be used to promote public awareness and to educate persons about infant mental health.
- I authorize OK-AIMH, its designees and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that OK-AIMH may use such photographs of me/my child(ren) with or without my name/child(ren)'s name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.
- **I understand that I will not receive any fee or compensation for the use of this information, nor will I receive any royalty for its use.**

I have read and understand the above.

Printed Name (Self, Parent/Guardian): _____

Signature (if children are listed, Parent or Guardian Sign): _____ Date _____

Address: _____
Street City State Zip

Name(s) of child(ren) under age 18 covered by this consent:

1) _____ 2) _____ 3) _____

DATE: _____

Witnessed by OK-AIMH Representative: _____ Date _____

OK-AIMH Describe Content of Photograph:

Working to ensure that one day all Oklahoma children will be emotionally healthy, equipped to learn and nurtured to develop their full potential

www.okaimh.org