



**PHOTO RELEASE FORM**

I hereby grant the Betty Ford Center permission to use photograph(s) of me in any and all of its publications, including website entries, without payment or other consideration. I understand that any photograph or image I submit will become the property of the Betty Ford Center, and will not be returned to me.

I irrevocably and without restriction authorize the Betty Ford Center to edit, alter, copy, exhibit, publish, or distribute any and all photographic images I submit, for the primary purpose of promoting addiction treatment and recovery. I hereby waive the right to inspect or approve the finished product, including written or electronic copy, in which my photograph or likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the photographic images I have submitted.

I hereby hold harmless, release, and forever discharge the Betty Ford Center and its agents, affiliates, and representatives from all claims, demands, causes of action which I or my heirs, representatives, executives, administrators, or any other persons acting on my behalf or on behalf of my estate, have or may have by reason of this authorization.

There is no time limit on the validity of this Photo Release, nor is there any geographic limitation of where the photograph I have submitted or the finished product may be distributed.

I have read this Release before signing below, and I fully understand the contents, meaning, and impact of this Release.

*Each person in the photograph must sign and submit a photo release form separately.*

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
3 Word Statement

**If the participant is under age 18, parent or guardian consent is below:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Parent/Guardian Name (Please Print) Date

\_\_\_\_\_  
Parent/Guardian Signature