



215 N Macneil St
San Fernando, CA 91340
818.898.1926 www.lifefskillsprogram.net

October 12, 2022

Consumer Name

Release form for Life Skills to use your photograph and no other health information for Life Skills Treatment Program marketing materials and web page.

Life Skills Treatment Program agrees to maintain the confidentiality of all my protected

We wish to use your photograph or photographs to post on our web page. We believe seeing your photograph on our page can make you feel more connected and part of the Life Skills community. By signing this document, you are saying you want us to use your photograph(s) on the Life Skills web page and printed marketing materials.

I may revoke this consent for Life Skills to use my photography at any time. You can change your mind anytime and say I don't want my photograph to be on the Life Skills web page. Just let us know. I have enclosed a photograph of you that we took at Life Skills for you to keep.

Life Skills would also like to use your first name next to your photo on our web page. By having your photo and first name on our web page you have the opportunity to tell others about yourself such as the things you like to do. *Your first name does not reveal any protected healthcare information about you.* You may opt out from using your first name next to your photo at any time.

The Fine Print

I hereby grant Life Skills Treatment Program permission to use my photograph and/or likeness and ***no other health information*** in printed and electronic form in the

organization's publications. These publications include, but are not limited to, brochures, product newsletters, the Life Skills website, calendars, or in any of their printed or electronic publications without further consideration, and I acknowledge the organization's right to crop or treat the photograph at its discretion. I also acknowledge that the Life Skills Treatment Program may choose not to use my photo at this time but may do so at its own discretion at a later date.

I also understand that once my image is posted on the Life Skills website, the photographic image can be downloaded by any computer user on or off-site. Therefore, I agree to indemnify and hold harmless from any claims the following:

The owner's Board of Directors and Officers of Life Skills Treatment Program
All Employees of Life Skills Tx Program.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter, and I waive any right to any compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Life Skills Treatment Program its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older, 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. I have read and understood the release and agree to its terms and conditions.

This release has been explained to me in clear simple language by my staff or advocate or parent and/or conservator.

Signature of Consumer	Consumer Name	Date
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Signature of Conservator or Advocate	Name	Date
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