

# **Youth Photography Contest Release Form**

## **“Connection Matters”**

*Clark County Children’s Mental Health Consortium Youth Photo Contest  
for  
Children’s Mental Health Acceptance Month 2024*

### **Photo Contest Consent and Release Form**

Thank you so much for your submission to the 2024 CCCMHC Youth Photo Contest.

- I acknowledge that the Clark County Children’s Mental Health Consortium (CCCMHC) has my permission to use my name (or name of my minor child) contained therein in all forms of media.
- I understand that I will not be paid for the use of the artwork and my image and statements (or those of my minor child).
- I grant CCCMHC the right to use my (or my minor child’s) name for advertising, publicity, and promotional purposes without notification or further compensation.
- I understand that CCCMHC maintains the right to reproduce, reprint, distribute, perform, display, or exhibit the project for advertising, publicity, and promotional purposes on their website, at conferences, or at any other venues.

By signing this form, I give permission for my child’s name to be published for photo contest purposes conducted by the Clark County Children’s Mental Health Consortium or its designated partners.

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Submitter’s Full Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Full Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_