

Spectrum Healthcare Group

8 E. COTTONWOOD STREET
COTTONWOOD, AZ 86326
Phone (928) 634-2236
Fax (928) 634-8960

Consent for use of Artwork through Spectrum Healthcare Group

I _____ permit and authorize consent Spectrum Healthcare Group
(Print parent/guardian/client)

and it's employees, representatives who are acting on behalf of Spectrum Healthcare Group to obtain and use _____ artwork with name and age, to be displayed, recorded and/or video taped on Spectrum Healthcare Group social media platforms and other media outlets as determined in the future, for purposes related to educational, publicity, marketing and educational promotion of Mental Health Awareness Month without any compensation to me/or my child.

I understand my artwork may be copied, reproduced by means of various media, including but not limited to, video presentations, news releases, mail outs, brochures, placement on websites and other electronic delivery, publication, display or promotion on any and all other media

I understand that I may rescind my consent at any time by requesting the art work that is displayed, recorded and/or video taped be removed from social media platforms.

This consent expires _____
(date or event)

Consent of Parent/legal guardian required if above individual is a minor.

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Minor