

BEHAVIORAL HEALTH SERVICES

Print & Video Model Agreement and Release

I, _____ (“model”), hereby grant to BEHAVIORAL HEALTH SERVICES , and any of its subsidiaries and divisions, and to its agents and assigns, the right to photograph me and to use my name, picture, silhouette and other reproduction of my physical likeness, as the same may appear in any still camera photograph, and in connection with the exhibition of any advertisement, printed brochure or video tape in which said image may be used or incorporated, and as it may appear on television, video, broadband, internet, or otherwise for the purpose of advertising and public relations for BEHAVIORAL HEALTH SERVICES.

BEHAVIORAL HEALTH SERVICES shall indemnify and defend from any and all costs, expenses, damages, claims, liabilities, including legal fees which the model may sustain arising out of this photo shoot.

I hereby waive my right to inspect and approve the finished materials produced hereunder; their use or such copy as may be used in connection therewith.

I shall have no right of approval, no claim to further compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, blurring, alteration, distortion or illusionary effect or use in composite form of my name, picture or likeness or out of any other faulty reproduction of my name, picture or likeness in the finished material produced hereunder by BEHAVIORAL HEALTH SERVICES, and any of its subsidiaries and divisions, or any of its agents or representatives.

I agree that any images taken of me by licensed parties are owned by BEHAVIORAL HEALTH SERVICES, and any of its subsidiaries and divisions. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else for any purpose whatsoever.

_____ I represent that I am at least 18 years of age.

_____ If model is a minor, I warrant and represent that I am the parent or legal guardian of model, and have the full legal capacity to consent to this Agreement and execute this release of all rights in model’s consent.

I also represent that I have the right to enter into this Agreement and have no conflicting commitments or obligations that would interfere with my ability to perform the services required of me and rights herein granted. I have not heretofore authorized (while authority is still in effect) nor will I authorize or permit the use of my name, picture or likeness in connection with the advertising or promotion of any product or service which is competitive or incompatible with those of BEHAVIORAL HEALTH SERVICES, and any of its subsidiaries and divisions for ten (10) years from date of this agreement, unless I obtain the prior written consent of BEHAVIORAL HEALTH SERVICES, which shall not be unreasonably withheld.

ACCEPTED AND AGREED:

Model’s Signature

City, State, Zip

Print Name

Home Phone #

Date

Home Address