

Media Release Form

The HEALing Communities Study would like to use (photos, videos, written testimonials, and/or audio files) representing your image, likeness, thoughts, or opinions for public health messaging designed to prevent opioid overdoses and promote the use of medications for opioid use disorder (MOUD). These images could be used in several communities across the state of [Kentucky, Massachusetts, New York, Ohio] and other locations. Please read the statements below carefully and decide how you would like your image, likeness, thoughts, or opinions to be used. All participants must be 18 years old or older.

Please place an **X** beside *Yes* or *No* to mark your choice beside each statement.

Person(s) in photos, videos, written testimonial, and audio files:

I agree to allow the HEALing Communities Study to use photos, videos, written testimonials, and/or audio files representing my image, likeness, thoughts, or opinions that I submit to them and its project partners to promote the campaign in public service announcements, news releases, websites, social media platforms, printed materials, study reports, and exhibits. The HEALing Communities Study is entitled to edit, copy, adapt, or translate the contribution and to authorize others to do so in connection with this public health effort. I understand that I will be able to review the final images and edits.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

Given the nature of social media or other material capable of use or being transmitted and electronically shared beyond particular areas, we cannot guarantee that posts will not be seen or shared with persons outside our local community.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

I grant permission for my name to be published with my image, likeness, thoughts, and opinions in any associated campaign materials or publicity.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

We will not use the image, written copy, or video submitted, or any other information you provide, for anything other than the stated purpose above.

Name (please print):

Contact email address or telephone number:

Signed:

Date: