



# Nebraska Federation of Families for Children's Mental Health

## Photography Permission Form

As part of our communications activity, Nebraska Federation of Families for Children's Mental Health occasionally uses photography for publicity purposes. We would like your permission to photograph/film you/your relative for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of Nebraska Federation of Families for Children's Mental Health and will be used for the designated purpose of promoting NE-FFCMH and potentially be used for reporting to other contributing partners. You/your relative's contact details will remain strictly confidential.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the participant is under 18 years old, please give date of birth of individual and name and contact details for parent/guardian:

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I permit Nebraska Federation of Families for Children's Mental Health to use photographs of me/my relative in Nebraska Federation of Families for Children's Mental Health Publications and Publicity material, and for inclusion in the Nebraska Federation of Families for Children's Mental Health image library or reporting to contributing partners.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed by parent/guardian if individual is under 18 years old)*

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**For Nebraska Federation of Families for Children's Mental Health internal use:**

Photographer: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Subject: \_\_\_\_\_

Copyright: \_\_\_\_\_

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