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## MULTI-MEDIA RELEASE STATEMENT

By signing and submitting the "Recovery Stories" web page form, you ("the Releaser") grant permission and consent to Valley Cities Counseling and Consultation, also known as Valley Cities Behavioral Healthcare (the "Releasee") for the use of the following content:

## Written content such as client success stories and biographies.

## Payment & Revocation Statements for "Releaser"

I understand that there shall be no payment for this release. I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I understand that the content of the statements provided may be used in a variety of multimedia including web (social media and website), print (statements, reports, flyers), and video (text testimonials). Valley Cities also reserves the right to modify the submitted written statements to protect the identity or confidentiality of the Releaser. Submitted statements may be used in part or in whole.

I understand I may change my mind and withdraw permission for use of these written statements at any time. To revoke this permission, write a letter, sign and date it, and mail it or drop it off at the following address:

Attn: Development Department Valley Cities Behavioral Healthcare 325 W. Gowe Street Kent WA 98032

We, the Releaser and Releasee, understand and agree to the terms and conditions in this release.