



SPEA

Suicide Prevention
Education Alliance

o f N o r t h e a s t O h i o

SPEA Faces of Suicide Quilt Release Form

I grant to Suicide Prevention Education Alliance (SPEA), its representatives and employees the right to use the photograph of

(Name of deceased) _____ in the creation of the SPEA's Faces of Suicide Quilt. I consent to the use of this quilt and said image on the quilt for advertising, publicity, commercial or other business purposes.

I authorize SPEA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that SPEA may use such photograph/quilt for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Relation to person in photograph _____

Address _____

Date:
(MM/DD/YY) _____

Signature, parent or guardian _____
(if under age 18)