



## Contributor's Release

I am a "contributor" because:

- I appear or will appear in a written article, social media or blog post, podcast interview, or other written or spoken narrative about my experience ("story"),
- my likeness appears or will appear in a photo, video, or other digital media ("photo"), and/or
- I have created or will create an artwork such as a short story, visual art, poetry, or a play ("art")

that could be used and shared by Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. (HMHB). My "contribution" is the story, photo, or art that I have created or in which I appear.

I hereby irrevocably grant HMHB permission to use, publish, and reproduce all or part of my contribution. I also hereby hold harmless, release, and forever discharge HMHB from all claims, demands, and causes of action which I or any person acting on my behalf may have by reason of my contribution and/or this release. If my minor child appears in my contribution, my permission and release also apply to my child's appearance.

By signing this release, I represent that:

1. My contribution has not been published before;
2. No one other than me and any professional signing this form has any copyright or other intellectual property interest in my contribution;
3. I have reviewed HMHB's submission guidelines;
4. I am the parent or legal guardian of any minor child(ren) appearing in my contribution and have the authority to sign this release on the child(ren)'s behalf;
5. I am giving HMHB permission to share my contribution without royalties, and with no monetary compensation unless separately agreed, because I want to help others and/or I find it healing to express myself in this way; and
6. I waive (give up) any right to challenge HMHB's right to use or publish my contribution, even if I change my mind about it later.

As part of this agreement, I understand that:

1. My contribution will be used at the discretion of HMHB;
2. HMHB is not obligated to share my contribution at all;
3. HMHB may connect (or may have already connected) me with a writer, interviewer, photographer, editor, or other person to assist with my contribution;
4. HMHB may use my contribution for any lawful purpose to promote their mission, including but not limited to publicity, web content and applications, publications, and social media;
5. HMHB has the sole authority to make editorial decisions and may edit, use and publish my contribution as it sees fit once I sign this release;
6. If there is a disagreement in the future about HMHB's use of my contribution, we will go to an arbitrator (not court) and, even if I win, I won't be able to force HMHB to pull back its use or publication of my contribution;
7. I have carefully considered what may happen when my contribution is shared, and whether I should seek advice from a lawyer or a medical or mental health professional before deciding whether to share my contribution.



I am checking this box ONLY if I want HMHB to change my name and/or the name(s) of my minor child(ren) in my contribution.

I am checking this box ONLY if I want HMHB to notify me when my contribution is shared.

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**I have read and understand the above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Contributor or Contributor's parent/guardian if Contributor is under 18 years old)

Contributor Printed Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_  
(only if Contributor is under 18)

Email address: \_\_\_\_\_

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

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**To be signed only if an organization is represented or depicted in the contribution, such as a story about a professional working with families or a photograph of an organization's building. The contributor may sign this portion if so authorized by the organization.**

I am an authorized representative of the organization listed below. I have full permission from the organization for it to be represented or depicted in the contribution, and hereby hold harmless, release, and forever discharge HMHB from all claims, demands, and causes of actions relating to the contribution and this release.

Organization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Representative Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

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**To be signed only if a professional such as a writer or photographer who is not being retained by HMHB assisted in preparing the contribution or if anyone else holds the copyright.**

I hereby hold harmless, release, and forever discharge HMHB from all claims, demands, and causes of actions for which I as a professional may have for copyright or other reasons relating to the contribution and this release:

Professional/Copyright Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Professional or Copyright Holder's Printed Name: \_\_\_\_\_

Email address: \_\_\_\_\_

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