



Youth Voices for Mental Health Video Project
GUIDELINES AND CONSENT

Guidelines:

1. Using a smartphone or other recording device (“selfie style”), answer the following question:
Why does mental health matter to you?
2. Limit your answer to 60 seconds.
3. Introduce yourself by first name only. You may choose a different name if you’d like.
4. If you are comfortable, tell what city you live in.
5. Sign and return the consent forms and email your video to syounggren@mentalhealthcolorado.org and ahughes@mentalhealthcolorado.org. If the file is too large, you can send it through <https://wetransfer.com/>, just let us know you are sending it that way.

CONSENT (Initial)

_____ I acknowledge that Mental Health Colorado will not limit the amount of submissions accepted, however, not all submissions are guaranteed to be used in the final video. All video submissions, no matter if they are used in the final video, are a part of gathering information for youth voices and mental health advocacy.

_____ I authorize consent for use of the recorded video clip in a video to be used for Mental Health Colorado’s annual Legislative Education & Advocacy Day, social media, and other promotional materials.

Signature: _____

Print Name: _____

PARENTAL AUTHORIZATION IF ABOVE SIGNEE IS UNDER EIGHTEEN (18) YEARS OF AGE: I hereby consent and agree to the above as the Parent/Legal Guardian of (name of minor) (in which case “SIGNEE” as used therein shall refer to said minor).

SIGNATURE OF PARENT/ LEGAL GUARDIAN RELATIONSHIP TO MINOR

PRINT NAME

Signature

*****Please note that the goal of this activity is to raise awareness about mental health. This project is not an appropriate outlet for getting mental health services. If you are in a crisis or seeking immediate care, please call the Colorado Crisis Line at 844-493-8255.**