

Photo/Video Release

Date:
PhotographedSubjectName:
Facility/City:
Photographer
I,, give my permission
to TherapyPets to photograph and/or videotape me/my voice and to use
these photographs/videotapes/recordings for promotion, display, and/or
publicity purposes without compensation to me or to my family members,
guardians, or conservators. These photos/videos/recordings will not be
sold to make money for <i>TherapyPets</i> but will be used solely for the
purposes stated.
I release all rights to these photographs and/or recordings, and all
rights to control their use as long as they are used solely for publicity and
promotion for the <i>TherapyPets</i> organization and for animal-assisted
therapy education.
Signature:
Address:
City State 7 in: