

Alliance of Therapy Dogs Photograph Authorization Release Form

***Instructions for ATD member:** Please type or print legibly. Follow all facility rules regarding photographs, including filling out a facility photo release form if requested. Always get permission and use the photo release form even if the photo is for personal use and not for publication.*

I do hereby consent, without the promise of compensation of any kind, to grant Alliance of Therapy Dogs, a registered non-profit 501(c)(3) Corporation headquartered in Wyoming, its successors and assigns, including those acting under its permission, the right to reproduce, copyright, publish, circulate or otherwise use photographic reproductions or likenesses or videotape segments of me and or my name.

This authorization and release covers the use of said material in any published form and any medium of advertising, publicity or trade in any part of the world, including the Alliance of Therapy Dogs News Magazine, website, presentations and social media.

This agreement fully represents all terms and considerations and no other inducements, statements or promises have been made to me. I fully understand that no monetary payment will be made to me for such uses as described above.

Please return this signed and dated form with any photos you submit for Alliance of Therapy Dogs publication use.

Alliance of Therapy Dogs
P.O. Box 20227
Cheyenne, WY 82003
877-843-7364 office
307-638-2079 fax
office@therapydogs.com

Printed Name

Date

Signature

Printed Guardian Name (if necessary)

Guardian Signature