

Alliance of Therapy Dogs Photograph Authorization Release Form

28. *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 at least verbal permission. However, members must use an ATD Photo Authorization form for any submission to ATD-owned publications or social media.

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 and social media use.

Alliance of Therapy Dogs
P.O. Box 20227, Cheyenne, WY 82003
Tel. #307-432-0272 or 877-843-7364, fax # 307-638-2079 fax
office@therapydogs.com

Date _____

If more signatures are required than spaces below, use the back of the page for additional signatures.

<u>Signature</u>	<u>Printed Name</u>	<u>Guardian Signature (if necessary)</u>	<u>Printed Guardian Name</u>