

# 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. For the privacy of those whom we visit and to protect both ATD and our members from liability, members must have an ATD Photograph Authorization Release Form signed prior to taking any photo which identifies any individual (e.g. face, tattoo, birthmark, scar, etc.). The signed ATD photo release form must accompany any submission to an ATD-managed publication/social media platform. A facility/organization photo release may not be used instead of the ATD photo release. If you are not submitting the photo to ATD for publication, simply retain this signed form for your records.

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 Newsmagazine, 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  
[office@therapydogs.com](mailto:office@therapydogs.com)

Member Name and Number \_\_\_\_\_

Photo Description/Location/Date \_\_\_\_\_

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

Signature	Printed Name	Guardian Signature (if necessary)	Printed Guardian Name