

Authorization to Photograph and Publish

The undersigned hereby authorizes _____ (name of photographer/CAT Team) to photograph _____ (name of client) while under the supervision of _____ (name of health care or educational facility, parent, physician or educator).

The undersigned agrees that Paws for Healing, Inc., a non-profit organization, may use the photos or prints prepared from negatives or digital images for purposes including, but not limited to, dissemination to health care or education professionals, members of the public for educational purposes, for public relations and charitable or fundraising purposes for Paws for Healing, Inc., or for canine-assisted therapy programs.

The undersigned has entered into this agreement in order to assist in educational, public relations and/or charitable goals and hereby waives any right to compensation for these uses and hereby holds Paws for Healing, Inc., harmless from and against any claim for injury or compensation made by relatives or facilities resulting from the activities described in this agreement.

The term "photograph" as used in this agreement, shall mean still photography in any format, as well as video tape, video disc, and any other mechanical means of recording and reproducing images.

Date: _____ Time: _____ am/pm

Signature: _____

If subject is a minor, signature and printed name of Responsible Guardian: _____

If signed by other than client/patient or guardian, indicate relationship: _____

Signature and printed name: _____

Signature, printed name and title of Facility Witness: _____
