



OTTAWA THERAPY DOGS
PHOTO/VIDEO MINOR RELEASE FORM

I hereby give permission for images of my child, captured during regular and special therapy dog activities through video, photo and digital camera to be used solely for the purposes of **Ottawa Therapy Dogs** promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of participant (Please print): _____

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____

Name of witness: _____

Witness' signature: _____

Date: _____

Note: Please forward completed copies of this form to:

*Ottawa Therapy Dogs
Communications Committee
Suite 750
1500 Bank St
Ottawa, ON, K1H 1B8*
