



ADULT PHOTO/VIDEO RELEASE FORM

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Name of participant (Please print): _____

Participant's signature: _____

Name of witness: _____

Witness' signature: _____

Date: _____

***Note: Each person shown in the image must sign a release form.
Please forward completed copies of this form to:***

***Ottawa Therapy Dogs
Administrator
Suite 750
1500 Bank Street
Ottawa, ON K1H 1B8***