



PHOTO/VIDEO 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: *Note: Please forward completed copies of this form to:*

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