



## PHOTO/VIDEO RELEASE FORM

*THIS RELEASE FORM MUST BE SIGNED BY THE ADMINISTRATOR OR EXECUTIVE DIRECTOR OF THE PLACE OF VISITATION*

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

Name of place of Visitation: \_\_\_\_\_

Name of Administrator/Executive Director:  
\_\_\_\_\_

Signature of Administrator/Executive Director:  
\_\_\_\_\_

Name of witness: \_\_\_\_\_

Witness' signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Please forward completed copies of this form to:**  
**Ottawa Therapy Dogs**  
**Administrator**  
**Suite 750**  
**1500 Bank Street**  
**Ottawa, ON K1H 1B8**