

PHOTO RELEASE FORM

I, _____, am a resident of _____.
(Name of Resident) (Name of Facility)

I hereby give permission to _____, a member of the
(Name of Volunteer)

San Diego Chapter of Love on a Leash and its national organization, to use images of me

that were captured through video and/or photo and digital camera during official visits of the

facility with the volunteer's therapy pet, for the purposes of the organization's promotional

materials and related publications. I understand that the pictures will not be used for any other

purpose. I waive any rights of compensation of ownership to these images.

Date: _____

(Signature of Resident)