

## 4 Paws of Love

PO Box 28325, San Diego, CA 92198  
Email: [4PawsOfLoveTherapy@gmail.com](mailto:4PawsOfLoveTherapy@gmail.com)

### Photo Release Form - Adults

PHOTO RELEASE – Adults. By signing this form, you grant 4 Paws Of Love the non-exclusive right and license to take, publish and distribute photo(s) of you with our therapy pets. The photo(s) will be used for educational and/or inspirational purposes only and you understand that no payment will transpire for the use the photo(s).

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Caregiver or family member signature below if person cannot sign but is in agreement

Signature \_\_\_\_\_

Pets Name \_\_\_\_\_

Location of Photo \_\_\_\_\_

Photographer \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Place copy of photo(s) here or attach separate sheet