



Alliance of Therapy Dogs
P.O. Box 20227
Cheyenne, WY 82003
307-432-0272 or 877-843-7364
office@therapydogs.com
www.therapydogs.com

Media Authorization Release Form

Instructions for Alliance of Therapy Dogs Member: Please type or print legibly. Follow all facility rules regarding photographs, videos, or other digital media including filling out a facility photo release form if requested. For the privacy of those whom we visit and to protect both Alliance of Therapy Dogs (ATD) and our Members from liability, Members must have an ATD Media Authorization Release Form signed prior to taking any photo, video, or other digital media that identifies any individual (e.g., face, tattoo, birthmark, scar, etc.). The signed ATD Media Authorization Release Form must accompany any submission to an ATD-managed publication or social media platform. A facility or organization media release may not be used instead of the ATD Media Authorization Release. If you are not submitting the media to ATD for publication, simply retain this signed form for your records.

I do hereby consent, without the promise of compensation of any kind, to grant Alliance of Therapy Dogs, a registered non-profit 501(c)(3) corporation headquartered in Wyoming, its successors and assigns, including those acting under its permission, the right to reproduce, copyright, publish, circulate, or otherwise use my likeness and name in photograph, video, or other digital media.

This authorization and release covers the use of said material in any published form and any medium of advertising, publicity, or trade in any part of the world, including, but not limited to the Alliance of Therapy Dogs Newsmagazine, website, presentations, and social media.

This agreement fully represents all terms and considerations and no other inducements, statements, or promises have been made to me. I fully understand that no monetary payment will be made to me for such uses as described above.

Please return this signed and dated form with any photos you submit for Alliance of Therapy Dogs' publication and social media use:

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Member Name and Number:

Photo Description, Location and Date:

I HAVE READ AND UNDERSTAND THE ABOVE MEDIA RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Signature	Printed Name	Guardian Signature (if necessary)	Printed Guardian Name

If more signatures are required than are spaces above, use the back of the page for additional signatures.