

Bright Spot Therapy Dogs, Inc.

PERMISSION TO RELEASE PHOTOS

I, _____, give and grant consent to the use of the Undersigned's name, photograph/s, likeness or other personal identification in any manner including without limitation, in its office displays, publications and/or website, or for purposes of promoting and/or furthering the charitable, not for profit, objectives of Bright Spot Therapy Dogs, Inc.

In particular, this authorization extends to all photographs taken of

_____ and/or

_____ at any place and on any date.

If you are not the person in the photograph, but are signing this Release, please check your relationship to the person in the photograph:

- Parent Relative (wife, husband, son, daughter) Guardian Power of Attorney
 Other (please specify)

The designation of my relationship and my signature below confirms my current authority to execute this form and bind the subject of the said photographs.

Signature: _____