PET VET CARE CENTERS

PHOTOGRAPHY RELEASE FORM

Hospital Name: Animal Medical Center of Cumming
Hospital Address: 1438 Buford Hwy
Cumming, GA 30041

I hereby grant permission and usage rights to my image and the image of my pet(s) without payment or any other consideration, as per the usage cases noted in this Photograph Release Form for images obtained at the photo shoot on the date and at the address noted above.

I understand that my image may be edited and used for educational / informational purposes, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image.

Photographic use of my image and the image of my pet(s) may be used for the following purposes:

- Corporate or Hospital Website
- Social Media post (including to Instagram and Facebook)
- Internal informational presentations (not public)

By signing this release, I understand this permission signifies that photographic images of me may be electronically displayed via the Internet.

My image or the image of my pet(s) will not be sold or otherwise used for commercial purposes, beyond the purposes listed above. I will be consulted about the use of the photographs for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation. This release applies to photographic images collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any, and all, claims against any person or organization utilizing this material for the above noted purposes.

Client Name: _____

Street Address/P.O. Bo: _____

City: _____ Zip Code: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

If this release is obtained for a person under the age of 19, then the signature of that person's parent or legal guardian is required.

Parent's Signature: _____ Date_____

(Office use: Client # _____)