



### MEDIA CONSENT AND RELEASE FORM

I, (print name) \_\_\_\_\_, hereby grant permission to Canines for Change representatives, to take and use: photographs, sound recordings, videos, and/or digital images of me for use in news releases, promotional materials, and/or educational materials. These materials might include, but are not limited to, printed or electronic publications, websites, or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, reproductions, and digital files shall be the property of Canines for Change.

Circle one: My name and identity **may/may not** be revealed in descriptive text or commentary in connection with the image(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Date)  
\_\_\_\_\_ (Signature of adult subject)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State, Zip)

### RELEASE FOR MINORS (Under 18)

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ hereby grant permission to Canines for Change representatives, to take and use: photographs, sound recordings, videos, and/or digital images of my child for use in news releases, promotional materials, and/or educational materials. These materials might include, but are not limited to, printed or electronic publications, websites, or other electronic communications. I authorize the use of these images without compensation to me or my child. All negatives, prints, reproductions, and digital files shall be the property of Canines for Change.

Circle one: My child's name and identity **may/may not** be revealed in descriptive text or commentary in connection with the image(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Date)  
\_\_\_\_\_ (Signature of Parent or Guardian)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State, Zip Code)