



HOPE ANIMAL-ASSISTED CRISIS RESPONSE
1292 High Street, #182 • Eugene • OR • 97401
Email: info@hopeaacr.org ▪ www.hopeaacr.org
877-467-3597

Photo Release

I hereby grant HOPE AACR permission to use my likeness in photographs taken on:

Date: _____

Location: _____

HOPE AACR may use these photographs in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of HOPE AACR and will not be returned.

I hereby irrevocably authorize HOPE AACR to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing HOPE AACR or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge HOPE AACR, or it's Members, or other persons volunteering for HOPE AACR from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract on my own name. I have read this release in it's entirety before signing and fully understand the contents, meaning, and impact of this release.

Name: _____ Date: _____

Signature: _____ E-mail: _____

Address: _____

Consent for Minors

If the person being photographed is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian Signature: _____

Printed Name: _____

NOTE: A separate form must be completed for each person photographed.