



READING EDUCATION  
ASSISTANCE DOGS™

A PROGRAM OF  
INTERMOUNTAIN THERAPY ANIMALS

## CONSENT TO PHOTOGRAPH/VIDEOTAPE

Name \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_

I, the undersigned, hereby authorize INTERMOUNTAIN THERAPY ANIMALS (or any bona fide news media personnel or authorized agent of the organization) to take (check those that apply):

- Photographs       Motion Pictures
- Video               Other (specify) \_\_\_\_\_

of me. I understand that these photographs, videos, motion pictures, or other illustrative materials may be used in perpetuity for the purpose of training, news, and/or media for Intermountain Therapy Animals publications and/or other promotional purposes. Any other use of these photographs, videos, or motion pictures will require additional consent from me or my authorized representative.

Signature of person photographed \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of guardian or authorized representative \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Witness signature \_\_\_\_\_

Date \_\_\_\_\_