

**Submission of Photos for the Newsletter
Release Form**

I hereby give **Therapy Dogs International, Inc.** (TDI) permission to use my name and any photograph, of me, and my dog, in any way it deems appropriate for its informational programs. Such use by **Therapy Dogs International, Inc.** includes, but is not limited to use in its newsletter or any other of its publications, as well as use in newspaper or magazine articles, and as a video for training and informational purposes or as illustrative material for books about **Therapy Dogs International, Inc.**

Print Name: _____

Signature: _____ Date: _____

This release form must be signed and returned with all photos submitted to TDI or we cannot utilize them.

Please label all material that you send to TDI. Please indicate your name, the name of each person in the photo, the dog's name and breed, and the name of the institution or other locality (if applicable) on a self-sticking label and place it on the back of the photo. Photos sent to use cannot be returned. Please send extra prints, not your original. All photos received will be placed in our archives/scrapbook.

Please ensure that all persons shown in the photo sign a Release Form, otherwise we cannot publish the photo.

Permission from Place of Visitation to Use Photos

This release form must be signed by the administrator or executive director of the place of visitation, and returned with all photographs and other materials for publication.

Release Form

I hereby give **Therapy Dogs International, Inc.** (TDI) permission to use the name of our Institution and any photo, material of our inhabitants, in any way it deems appropriate for its informational programs. Such use by **Therapy Dogs International, Inc.** includes, but is not limited to, use in its newsletter, or any other of its publications, as well as for use in newspaper or magazine articles, or as illustrative materials for books about **Therapy Dogs International, Inc.**

Name of Place of Visitation: _____

Name of Administrator/Executive Director: _____

Signature: _____ Date: _____