

**WINDWALKER HUMANE COALITION FOR PROFESSIONAL PET ASSISTED
THERAPY**

*“a unique, passionate and energetic voice for people and animals via the profession of
pet assisted therapy”*

PET ASSISTED THERAPY TEAM OR PROGRAM (insert name if applicable):

PHOTO RELEASE

I give permission for the Windwalker Humane Coalition for Professional Pet Assisted Therapy to publish my/or my child’s photograph(s) for the purpose of public education/ awareness about professional pet assisted therapy (examples: calendar, video, web site, brochures, articles, training/presentation, TV/Media, and exhibits). I release Windwalker Humane Coalition for Professional Pet Assisted Therapy from all claims and liabilities of every kind and description relating to publication of such photographs. I am aware that I am able to withdraw this release through my signed request in writing to:

Windwalker Humane Coalition for PPAT

Name in Photo_____

Signature_____Date_____

Signature_____Date_____

Parent or Legal Guardian

Contact Information

Address

Phone Number

Email Address