

## **Photo/Video Release**

I \_\_\_\_\_\_\_\_ hereby grant permission to the rights of my pet \_\_\_\_\_\_\_'s image, likeness and sound of his/her voice as recorded on audio or video without payment or any other consideration to Chester Valley Veterinary Hospital. I understand that my pet's image may be edited, copied, exhibited, published or distributed and waive any right to royalties or other compensation arising or related to the use of my pet's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Signature	Date