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**My Caring Paws**

**Pet Therapy Services - Photo Authorization and Release**

***A Component Fund of the Community Foundation of Carroll County***

I hereby consent to and authorize My Caring Paws to do the following:

Take photographs and video footage of me and my property in conjunction with any My Caring Paws business purposes, including but not limited to all forms of advertising, marketing, and publicity.

I understand that there is no time or geographical limitations on the validity of this release.

I irrevocably and indefinitely release My Caring Paws and its leaders, and handlers from all claims, costs, demands, damages and causes of action of whatsoever kind and nature that in any way arise from or relate to such uses as authorized above.

I hereby represent that I am eighteen (18) years of age or older.

Intending to be legally bound, I have executed this Photo Authorization and Release as of the date written below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_