



# Permission to Use Photograph

Date \_\_\_\_\_

Participant \_\_\_\_\_

Parent (if needed) \_\_\_\_\_ Phone \_\_\_\_\_

Therapy pet team \_\_\_\_\_

Location \_\_\_\_\_

I grant my permission for **PAWS for People** to use my picture for promotional purposes.

\_\_\_\_\_  
signature of resident/participant

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of parent (if needed)

\_\_\_\_\_  
date

\_\_\_\_\_  
Description of activity (if appropriate)



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