

# Photo Release Form - Adults

## **Adults**

I hereby give HOSPITAL NAME HERE permission to take photographs of me and my pet for the purpose of posting on HOSPITAL NAME HERE Facebook, Twitter & Clinic Website.

I hereby release and discharge HOSPITAL NAME HERE from any and all claims arising out of use of the photos.

I am above the age of 18. I have read the foregoing document and fully understand its contents.

Signature:

Date:

Print name:

Address: