

# Photo Release Form - Minors

## **Minors**

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, (Guardian Name) \_\_\_\_\_ am of full age, and am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Signature:

Date:

Print name:

Address: