



CENTRAL CALIFORNIA ANIMAL DISASTER TEAM

IMAGE RELEASE FORM

I hereby grant the CENTRAL CALIFORNIA ANIMAL DISASTER TEAM (CCADT), its assigns, and/or any person or entity authorized by CCADT, permission to use my image and/or images of my animal (including but not limited to photographs and video) for any lawful purpose, in all media, whether now or hereafter known, throughout the world in perpetuity, without payment or other consideration.

I understand and agree that any image materials will become the property of CCADT and will not be returned. I hereby hold harmless, release and forever discharge CCADT, its assigns and anyone or any entity authorized by CCADT, and each of their parent and subsidiary entities and affiliates, and each of the foregoing's officers, directors, employees, contractors, affiliates, volunteers, agents, representatives and assigns, from any and all claims, demands, causes of action, obligations, liabilities and expenses, known or unknown, direct or indirect, which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estates have or may have by reason of this authorization.

I have read this release before signing and I fully understand the content, meaning and impact of this release.

PLEASE PRINT

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____

Email Address: _____

Signature (legal guardian's signature and relationship if under the age of 18 years or does not possess the competence to contract in his/her own name):

Signature

Relationship

Date: _____