BSVH BROAD STREET
VETERINARY HOSPITAL

PHOTO RELEASE FORM

For consideration which I acknowledge, I irrevocably grant to **Broad Street Veterinary Hospital** ("BSVH") and its assigns, licensees, and successors the right to take photographs of _____ ("my pet"), as well as the right to use my pet's image in all forms and media including composite or modified representations for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity.

I hereby authorize the BSVH to edit, alter, copy, exhibit, publish or distribute photographs of my pet. I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs of my pet.

I release BSVH and its assigns, licensees and successors from any claims that may arise regarding the use of my pet's image including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright.

I own my pet, I am 18 years of age or older, and am competent to contract in my own name. I have read this release, and I fully understand the contents, meaning, and impact of this release.

Signature_____ Date_____

Printed Name_____

Address_____

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