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| ***LVC_logoScan*** | ***Lytle Veterinary Clinic Inc.,*** |  |

***Media Release Form***

I grant to Lytle Veterinary Clinic Inc., its representatives and employees the right to take photographs, videos, or any other media of me and/or my pet(s). I authorize Lytle Veterinary Clinic Inc, its assigns and transferees to copyright, use and publish the same in print and/or electronically. (Lytle Veterinary Clinic Website, Facebook and YouTube)

I agree that Lytle Veterinary Clinic Inc. may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I agree that Lytle Veterinary Clinic Inc.:

use media of me and/or my pet(s).

use media of me and/or my pet(s) but no personal information.

only use of my pets information.

Opt Out of all media usages.\*

I understand that there will be no financial or other remuneration for any photograph, videos, or any other media of me and/or my pet(s).

I waive my rights, claims, or interest I may have to control the use of my identity or likeness in any photograph, videos, or any other media of me and/or my pet(s). Unless opted out of all above.\*

THE UNDERSIGNED HAS READ THE FORGOING RELEASE AND FULL UNDERSTAND IT.

Agreed and accepted by:

Signature­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_