

# Marshfield Animal Hospital, Inc.



## Release Form for Media Use

I, the undersigned, do hereby consent and agree that Marshfield Animal Hospital, Inc., its' employees, or agents have the right to take pictures, video, or make digital recordings of myself and my pet(s) to use, publish and copyright in any and all media, now or hereafter known exclusively for the purpose of documenting my pet's visit to Marshfield Animal Hospital, Inc.. I further consent that my name and / or pet's name may be revealed therein or by descriptive text or commentary.

I do hereby release to Marshfield Animal Hospital, Inc., its' agents, and employees all rights to exhibit this work in print and electronic form publicly or privately with or without my name or my pet's name and to market and sell copies. I understand that the media may be used for any lawful purpose including publicity, illustration, advertising and web content. I waive any rights, claims, or interest I may have to control the use of mine or my pet's identity or likeness in whatever media is used.

I understand that there will be no financial or other remuneration for recording myself or my pet(s), either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Signature of Owner

Please print name and date