



MEDIA RELEASE FORM

Human Subject's/Animal Owner's Name (please print) _____

Subject's/owner's address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, understand that photograph(s), video(s), etc., taken of me and/or my animal(s) may be used to promote the work and activities of the **Washington State Animal Response Team** or to advance its goals in any way. I agree to release rights and/or liabilities associated with the use of such media by the **Washington State Animal Response Team**.

Subject's/owner's Signature

Date

Photographer/Videographer's name (please print) _____

Photographer/Videographer's address: _____

City: _____ State: _____ Zip: _____

Land Line: _____ Cell Phone: _____

Email(s): _____

I, the undersigned, understand that photograph(s), video(s), etc., taken by me may be used to promote the work and activities of the **Washington State Animal Response Team** or to advance its goals in any way. I hereby extend an irrevocable license to the **Washington State Animal Response Team** for use of such media and I release the **Washington State Animal Response Team** from liabilities associated with such use.

Photographer/Videographer's signature

Date