**Permission to Photograph**

Arkansas Service Paws activities are occasionally photographed, videotaped, or audio taped for educational, publicity, or fund-raising purposes. Please indicate if you give permission to appear in videos, photos, or audio recordings without compensation (e.g., as part of brochures, slideshows

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\_\_\_\_\_\_Yes, I give permission to use my photograph or videotape.

\_\_\_\_\_\_\_No, I do not want to appear in a photograph or videotape.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/Guardian if signing for a minor under 18 years

of age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective immediately, I **RESCEND** my authorization to be photographed, videotaped, or audio taped.

Date: \_\_\_\_\_\_\_\_\_\_ Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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