

# Release Agreement

Dean's and Sonia's

**hearty k9s**.ca

Quality Labradoodles and Goldendoodles

To: Dean's and Sonia's Hearty k9s

I irrevocably give Dean's and Sonia's Hearty k9s, and its assignees and successors, the absolute right and permission to use, publish, re-use, re-publish, and distribute all photographs in which I may be included, taken on the shooting dates as shown on the right, with my name and other biographical material. I am of age of majority, or over, or I have had this form co-signed by my parent or guardian. I give this permission with the understanding that these photographs will be used in online and print publications for general informational purposes regarding a pet, or pets, which have been adopted from Dean's and Sonia's Hearty k9s. The photographs will be used to inform a variety of audiences which could include current and potential pet owners, the news media, and the general public. I understand this release is not a transfer of copyright.

Signed, \_\_\_\_\_ Dated, \_\_\_\_\_

*The following section to be completed by parent or guardian if the subject stated is a minor.*

I warrant that I am the parent and guardian of the minor who signed the above release and I hereby consent to the signing of it. I agree to defend and hold the beneficiaries of the release harmless from and against any claim that the minor may make at any time because of the use of photographs in the manner permitted by the release.

Signed, \_\_\_\_\_ Dated, \_\_\_\_\_

Please print, sign and forward this agreement to the postal address below or by fax at 780-352-7891.

Please review our Privacy Policy at:

[www.heartyk9s.ca/small-print.html#privacyPledge](http://www.heartyk9s.ca/small-print.html#privacyPledge)

## About me:

\_\_\_\_\_  
*photograph shooting dates (month/day/year)*

\_\_\_\_\_  
*name (first/last)*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*address (optional)*

\_\_\_\_\_ *city*

\_\_\_\_\_ *province*

\_\_\_\_\_ *postal code*

\_\_\_\_\_ *country*

\_\_\_\_\_ *email address*

\_\_\_\_\_  
*social insurance number*

## Parent or Guardian:

\_\_\_\_\_  
*name (first/last)*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*address (optional)*

\_\_\_\_\_ *city*

\_\_\_\_\_ *province*

\_\_\_\_\_ *postal code*

\_\_\_\_\_ *country*

\_\_\_\_\_ *email address*

\_\_\_\_\_  
*social insurance number*