



Photo Release

Heritage Humane Society Williamsburg, VA

Name: _____

Date: _____

I give permission for photographs of the person(s) listed below to be published on the Heritage Humane Society website, Facebook page and other marketing materials. I understand these photos can be viewed by anyone, and last names will not be used in order to protect the identity of those pictured.

Name (print) _____

Signature: _____

I do not give permission for photos to be published.

Name (print) _____

Signature: _____

I am the parent or legal guarding of the following child(ren) under 18 years of age, and I give permission for their images to be published

Child's Name _____

Adults' name (print) _____

Adult's Signature: _____

Relationship to the child(ren) _____

HHS Representative: _____