



Arms of Aloha
In-Home Comfort Care for Your Pet

P.O. Box 38 Kaneohe, HI 96744

Photography Release Form

I hereby grant to Arms of Aloha LLC, the irrevocable and unrestricted right to use and publish photographs of my pet _____, or in which he/she may be included, for editorial, education, trade, advertising and any other purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. My pet's name, but not my name or surname, may be used in conjunction with said photographs. I hereby release Carolyn Naun, DVM and Arms of Aloha from all claims and liability relating to said photographs.

EXCEPTIONS: I do not authorize Arms of Aloha to use my pet's photo or name for the following:

- Print Advertising
- Social Media Updates
- Clinic Web Page

Name (Print) _____ Date _____

Signature _____ Phone _____

Address _____

City _____ State _____ Zip _____

Witness _____