



Julie Scott DPT, OCS, CERP
julie@peakequinerehab.com
cell: (406) 404-6824

Video and Photo Release Form

I grant to Peak Equine Rehab, its representatives and employees permission to take photographs and videos of me, my pet(s) and my property. I authorize Peak Equine Rehab, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or video.

I agree that Peak Equine Rehab may use such photography and videography of me, my pet(s) and property with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature: _____

Date: _____

Printed Name: _____

Practice Name: Peak Equine Rehab

Practice Owner: Julie Scott DPT, OCS, CERP

Date: _____