



FIDOS FOR FREEDOM, INC.

An Assistance Dog Training Organization
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FIDOS FOR FREEDOM JUNIOR PROGRAM "DROP-IN" PERMISSION FORM

PHOTO PERMISSION - I voluntarily give permission for my child to be photographed and/or videotaped as part of a promotion and fundraising effort (The "Work") by representatives of Fidos For Freedom, Inc., in exchange for the opportunity to be depicted in the work, I hereby grant Fidos For Freedom, Inc., and any entity which Fidos For Freedom, Inc., may authorize, the right to make any and all uses, both private and commercial, of my name, biography, voice and likeness as depicted in the work. I further agree that Fidos For Freedom, Inc., may modify, adapt and exploit the work in any way it sees fit. I agree to assert no claim of invasion of copyright, trademark, or other proprietary right I may hold. I expressly waive any right to inspect any version of the work or otherwise approve it. My signature on this release indicates my understanding and acceptance of the foregoing terms.

AGREEMENT/WAIVER - I understand that attendance of a dog obedience training class or handling a dog at a Fidos For Freedom, Inc. event is not without risk to my child. Some of the dogs to which my child may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I hereby waive and release Fidos For Freedom, Inc., its employees, volunteers and agents from any and all liability of any nature, for injury or damage resulting from the action of any dog. I expressly assume the risk of any such damage or injury while my child is attending any training class, session or other function of Fidos For Freedom, Inc.

NOTIFICATION AGREEMENT- I understand that if my child wishes to "Drop-In" for a class, I will notify the Program Coordinator at least one day prior to the regular class date.

TO PARTICIPATE AS A "DROP-IN" JUNIOR - The parent or guardian must agree to the above and sign below.

Participant Name _____

Parent/Guardian Name _____

Address _____

Home phone _____ Cell phone _____

Email _____

Parent or guardian Emergency Contact Info if different from participant:

Parent/Guardian Name _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Email _____

Parent or Guardian signature authorizing participant to "Drop In" a Junior Class

Name

Date