JULIE ANN ALLENDER EDD

Licensed Psychologist

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I willingly participated in allowing myself to be photographed with the dogs during a session with Dr. Julie Ann Allender. It is my understanding that these photos will not be used for any advertising purposes unless I agree and sign a separate release for the photos with me in them to be used for any or all-advertising purposes.

I do give my permission for Dr Julie Ann Allender to share these photos with other individuals. It is my understanding that the purpose would be to show the dogs interacting with patient(s) and that the patient(s) would not be the focus for which these photos would be shared.

If I change my mind at anytime I will notify Dr Julie Ann Allender in writing that I would no longer want my photos shared with others.

☐ I do not want any of the photos with which I am in shared with any other people.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

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