



Digital Media Release Form

By completing the following form, you authorize that video or photographs taken of you or your pet for or by Littleton Equine Medical Center or its representatives or provided by you to Littleton Equine Medical Center are released by you for online publication and in any other publications supported by Littleton Equine Medical Center, namely advertisements, print documents, newsletters, videos, social media platforms and websites. All video and photographs may be edited and published as described above and at the discretion of the publishers.

Please fax, email, or mail the completed permission form to the address below:

Littleton Equine Medical Center

8025 S. Santa Fe Dr, Littleton CO 80120

littletonequine@littletonequine.com

- I authorize Littleton Equine Medical Center, or its representatives, to publish photographs and /or video of myself and/or my horse/pet.
- I also authorize the Littleton Equine Medical Center, or its representatives, to publish these photographs or video in advertisements, print documents, CD-ROMs, videos, websites, and social media platforms.
- I understand that any photographs and video of me or my horse/pet will remain on the online sites at the discretion of the publishers.
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Name of Owner/Representative: _____

Name of Horse/Pet: _____

Phone number: _____

Email: _____

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