



## Northeast Horticultural Therapy Network Photo Consent Form

I, \_\_\_\_\_ (Print full name) grant permission to Northeast Horticultural Therapy Network to use the photographs/electronic media images described below for NEHTN presentations, social media pages and/or on the NEHTN website only. I assert that I have the authority to give permission for use of the photo(s). I grant permission to the Northeast Horticultural Therapy Network to edit, alter, reproduce, and/or make use of any portion of the photographs and/or videos taken of me or my likeness to be used in promotional materials which can include but is not limited to, illustrations, workshop invitations, the website, and social media.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. The photos must be emailed to [info@nehorticulturaltherapy.net](mailto:info@nehorticulturaltherapy.net)

Name \_\_\_\_\_

City/State \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Description of photo(s):

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Signed \_\_\_\_\_ Date \_\_\_\_\_

