



Therapeutic Equestrian Center



Therapeutic Equestrian Center Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Therapeutic Equestrian Center, Inc. permission to take or have taken, still and moving photographs and films including television pictures of myself. I consent and authorize Therapeutic Equestrian Center, Inc. its advertising agencies, news media, and any other person interested in Therapeutic Equestrian Center, Inc. and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspaper, television media, brochures, pamphlets, instructional materials, books, clinical material and the internet. I understand that the Therapeutic Equestrian Center, Inc. is the owner of such photographs or films. With regard to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Therapeutic Equestrian Center, Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Therapeutic Equestrian Center, Inc. and its work.

Rider/Volunteer Signature (If age 18 or older)

Date

*In the event that you have sole legal custody of or are the sole living parent of the above named child/ward, only one signature is required, otherwise **BOTH PARENTS OR GUARDIANS MUST SIGN** prior to the child volunteering at the Therapeutic Equestrian Center, Inc. Adult volunteers should sign for themselves.

Written Name of Parent/Guardian (if applicable)

Parent/Guardian (if applicable)

Date

Therapeutic Equestrian Center Photo *Non-Consent*

I **DO NOT** wish to grant Therapeutic Equestrian Center, Inc. permission to take or have taken, still and moving photographs and films including television pictures of myself at this time.

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