

# Seaside Therapeutic Riding Inc.

PHOTO RELEASE:

Rider's Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ I hereby consent to and authorize

\_\_\_\_\_ I do not consent to nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me by Seaside Therapeutic Riding for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship \_\_\_\_\_