

## Photo Release Form

I \_\_\_\_\_ give permission for the Equestrian Therapy Program to take still and moving photographs and films, including television pictures, of out son/daughter/ward/self \_\_\_\_\_.

In addition, I consent and authorize the ETP and its advertising agencies, the news media, and any other person or organization interested in the ETP and its work to use and reproduce said photographs, films and pictures, and to circulate and publicize the same by any and all means, including, but not limited to, news-papers, magazines, television, brochures, pamphlets, instructional materials, books, and clinical material.

No inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the ETP to use said photographs, films and pictures for the primary purpose of promoting and aiding the ETP and its work. The ETP is a nonprofit Ohio corporation.

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent(s)/ Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant (if over 18)

This form is not required in order to participate in the ETP. If you do consent to the above, however, then this form needs to be signed by the participant, if over age 18, and either by both natural parents, or by the sole parent having legal custody, or by the participant's legal guardian.