



The Equestrian Therapy Program

Photo Release Form

I _____ give permission for the Equestrian Therapy Program to take still and moving photographs and films, including television pictures, of our 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)

If you do consent to the above, 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.

No Photo

I _____ do not consent to photos or moving pictures of son/daughter/ward/self.

Date: _____

Signature of Witness

Signature of Parent(s)/ Guardian

Signature of Witness

Signature of Participant (if over 18)

3/28/11