

HorsePlay Hippotherapy & Therapeutic Riding, Inc.
Photo Release

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by HorsePlay Hippotherapy & Therapeutic Riding of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____

Date: _____

(To be signed by volunteer, rider, or parent/legal guardian if volunteer is 17 yrs or under.)