

C.H.U.M. Therapeutic Riding Inc. - Children and Horses United in Movement
Photo Release Form

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the C.H.U.M. Therapeutic Riding Inc. program permission to take or have taken still and moving photographs and films, including television pictures and research photos, of our/my child/ward, _____,

or myself as a legally competent adult rider over age 18.

I/we consent and authorize the C.H.U.M. Therapeutic Riding Inc., its advertising agencies, news media, and any other persons interested in the C.H.U.M. Therapeutic Riding Inc. program and its work, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting, the generality of the foregoing newspapers, television media, program website, brochures, pamphlets, instructional materials, books, and clinical material.

With respect to the foregoing matters, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the C.H.U.M. Therapeutic Riding Inc. program to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding the C.H.U.M. Therapeutic Riding Inc. program and its work.

Signature of parent/guardian _____ **Date** _____

Signature of adult rider _____ **Date** _____