

Participant/Personnel Photo Release Form



CHUM Therapeutic Riding
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NOTE: Participation at CHUM is NOT contingent on a 'Yes' response on this form.

Full Name of Subject:

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 record these images and voice of subject named above and give all rights to these images/voices to CHUM Therapeutic Riding. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

YES

NO

Non-consent signature:

Date:

Consent signature of Parent/guardian:

Date:

Consent signature of adult rider:

Date: