



## Photo Release Form

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant permission to Little Bit Therapeutic Riding Center to take or have taken still and moving photographs and films, including television footage, of the following individual:

Rider Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print)

The undersigned hereby consent and authorizes Little Bit Therapeutic Riding Center and its work to use and reproduce the photographs, films, and footage to circulate and publicize the same by all means, including and without limit to, the generality of the newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

With regard to the foregoing material, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Little Bit Therapeutic Riding Center to use or have used such photographs, films, and footage for the primary purpose of promoting and aiding Little Bit Therapeutic Riding Center and its work.

Consent for Photographs: YES \_\_\_\_\_ NO \_\_\_\_\_

Today's Date \_\_\_\_\_

Signature (if over 18 years old) \_\_\_\_\_

Signature of Parent or Legal Guardian if under 18 \_\_\_\_\_

Please Print Name \_\_\_\_\_