

**WILLOW FARM THERAPEUTIC RIDING
PHOTO RELEASE FORM FOR VOLUNTEERS**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Willow Farm Therapeutic Riding permission to take or have taken, still and moving photographs, and films - including television pictures.

Consent and authorization is given to Willow Farm Therapeutic Riding, its advertising agencies, news media, and any other persons interested in Willow Farm Therapeutic Riding and its work, to use and reproduce the photographs, films, and pictures for the purpose of newspaper articles, television media, brochures, pamphlets, website, Facebook Page, instructional materials, books, and clinical material.

I also acknowledge that no inducements or promises have been made to us/me to secure my signature(s) to this release other than the intention of Willow Farm Therapeutic Riding to use such photographs, films, and pictures for the primary purpose of aiding Willow Farm Therapeutic Riding and its work.

VOLUNTEER NAME: _____

SIGNATURE: _____

Parent/Guardian if under 18

DATE: _____