

## Photo Release

### Elliott Acres Therapy Riding, Inc.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Age \_\_\_\_\_

#### Photo Release:

I hereby consent to and authorize the use and reproduction by Elliott Acres Therapy Riding, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities for any other use for the benefit of the program

\_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Parent if under 18

