Stepping Stones Therapeutic Riding, Inc.

RIDER PHOTO/VIDEO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Stepping Stones Therapeutic Riding, Inc. permission to take or have taken still and moving photographs and films, including television pictures and videos, or our/my child/ward,		
I/we consent and authorize Stepping agencies, news media, and any other Riding, Inc. program and its work, to u and to circulate and publicize the sa	g Stones Therapeutic Riding, Inc., its advertising persons interested in Stepping Stones Therapeutic se and reproduce the photographs, films, and pictures time by all means including, without limiting, the television media, brochures, pamphlets, instructional	
to secure our/my signature(s) to this Therapeutic Riding, Inc. program to us	no inducements or promises have been made to us/merelease other than the intention of Stepping Stones are or cause to be used such photographs, films, and promoting and aiding Stepping Stones Therapeutic	
Signature of parent/guardian:	Date:	
Signature of adult rider:(over age 18)	Date:	
NON-CONSENT RIDER	PHOTO/VIDEO RELEASE FORM	
responsibility to inform the instructor in	co Release and understand that it shall be my charge at the start of each class to ensure compliance or while being on the property of the agency.	
2 2	nain on site at all times during equine activities. eing taken, I wish the following procedure to take	
Non-Consent Signature:	Date:	
Parent Guardian Adult Vol	unteer (circle appropriate one)	
Witness	Date:	

Procedure described as follows: