



PARD Therapeutic Riding

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to PARD Therapeutic Riding, permission to take or have taken, still and moving photographs and film including television pictures of

please print name of rider

and consents and authorizes PARD Therapeutic Riding, its advertising agencies, news media and any other persons interested in PARD Therapeutic Riding, and its work, to the use and reproduction of the photographs, films and pictures to circulate and publicize the same by all means including without limit the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature to this release other than the intention of PARD Therapeutic Riding to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

Signature

Date

**PARD Therapeutic Riding
P.O. BOX 1654 PETERBOROUGH ONTARIO, K9J 7S4
705 742 6441**