

LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER

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PHOTO RELEASE

I consent to and authorize the use and reproduction LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER of any and all photographs and any other audio-visual materials taken of the riding client for promotional material, educational activities, and exhibitions or for any other use to benefit the program.

DATE _____ SIGNATURE _____

I request that LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER **DOES NOT USE ANY** and all photographs and any other audio-visual materials taken of the riding client for promotional material, educational activities, exhibitions or for any other use to benefit the program.

DATE _____ SIGNATURE _____