

# 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, \_\_\_\_\_, or myself as a legally competent adult rider over age 18.

I/we consent and authorize Stepping Stones Therapeutic Riding, Inc., its advertising agencies, news media, and any other persons interested in Stepping Stones Therapeutic Riding, Inc. program and its work, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Stepping Stones Therapeutic Riding, Inc. program to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding Stepping Stones Therapeutic Riding, Inc. program and its work.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of adult rider: \_\_\_\_\_ Date: \_\_\_\_\_  
(over age 18)

## NON-CONSENT RIDER PHOTO/VIDEO RELEASE FORM

I do not give my consent for Photo/Video Release and understand that it shall be my responsibility to inform the instructor in charge at the start of each class to ensure compliance during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine activities.
- In the event photos or video is being taken, I wish the following procedure to take place:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent    Guardian    Adult Volunteer    (circle appropriate one)

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Procedure described as follows: