



HEALTH DIRECTED RIDING, INC.

Where Rehab Reins

Audio/Visual Release

AUDIO/VISUAL RELEASE

PARTICIPANTS NAME: _____

PARENT/GUARDIAN (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Health Directed Riding, Inc., permission to take or have taken still and moving photographs and films, including television pictures of myself and my child _____.

I authorize Health Directed Riding, Inc., to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, posters, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release. I understand I am agreeing to have these materials used without promise or intent of compensation for their use.

Signature Date

Relationship to participant: _____

I DO NOT permit Health Directed Riding, Inc., to use still or moving, photos, films, or pictures for any purpose.

Signature Date