



Positive Strides Therapeutic Riding Center, Inc.

Photo Release

I hereby consent to and authorize the use and reproduction by Positive Strides Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed materials, educational activities, social media, Positive Strides website, or for any other use for the benefit of the program.

I do consent_____

Signature_____Date_____
Client, Parent or Guardian/Caregiver

Printed name_____

Address_____

Phone/email_____

I do not consent_____

Signature_____Date_____
Client, Parent or Guardian/Caregiver

Printed name_____

Address_____

Phone/email_____