



Photo/Video Release Form

I hereby irrevocably consent to authorize the use and reproduction by “Riding on Angels’ Wings”, or anyone authorized by you, of all photographs and/or videos, which have been taken of my child or myself negative or positive, without compensation to me.

Rider/Volunteer Name: _____

Rider/Volunteer Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Parent/Guardian
Signature if minor: _____

Date: _____

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