



## ***Riding On Angels' Wings***

*Therapeutic Horseback Riding*

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## **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:** (    ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent/Guardian  
Signature if minor:** \_\_\_\_\_

**Date:** \_\_\_\_\_