



## RIDER PHOTO RELEASE FORM

### **Sudbury Therapeutic Riding Program (STRP) 2019**

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For valuable consideration given and by which is hereby acknowledged, I the undersigned hereby grant the Sudbury Therapeutic Riding Program the permission to take or have taken, still and moving, photographs and films including television pictures of our son/daughter/ward/rider \_\_\_\_\_ and consent and authorize STRP, its advertising agencies, news media, and any other persons involved in STRP and its work, to use and reproduce photographs, films and pictures, to circulate and publicize STRP by all means including without limitation the generality of the foregoing newspapers, television media, brochures, pamphlets, educational materials, books and other clinical material.

With regards to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of STRP to use such photographs, films, and pictures for the primary purpose of promoting and aiding STRP and its work.

Date \_\_\_\_\_

Rider (if rider 18 years or older) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_