



PHOTO/VIDEO/AUDIO RELEASE AND CONSENT FORM

Name: _____

Address: _____

Phone Number: _____

1. I, _____, hereby consent to release for possible reproduction and Publication photo(s) and/or audio video images of myself/child/client taken by the Regina Therapeutic Riding Association for non-profit use.
2. I understand that by signing this form, I acknowledge the Regina Therapeutic Riding Association has asked for, and received my permission to use these likenesses of myself/child/client on the RTRA website or Facebook and in promotional materials in various media. Such likenesses may be reproduced electronically, alone or in composites. Only first names will be used if required to personalize photos.
3. I understand that any representation of myself/child/client on the RTRA website or Facebook will be accessible to anyone with Internet access and that a copyright notice prohibiting the copying of material without the Therapeutic Riding Association's written authorization will be posted on the RTRA website.
4. I have read this release carefully. I understand its contents and I agree with its terms. I understand that by signing this consent form, I am waiving any legal rights I may have to the photographs or media record.

Signature: _____ Date: _____

Important: If you are under 18 years of age, please have your Parent or Legal Guardian read this document and complete the portion below, if they agree to the terms listed above.

Name of Parent/Legal Guardian: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

The Regina Therapeutic Riding Association is committed to respecting your privacy and protecting your personal information. You have the right to revoke your consent at any time by contacting us. Your option to not sign this form will not affect your rights to services or benefits provided by RTRA. If you have any questions, please contact us by email: reginatra@sasktel.net