



PHOTO RELEASE FORM

I hereby grant permission to *KMW Consulting, Equine Assisted Coaching OC, and Equine Facilitated Coaching & Wellness* to use photographs and/or video of me taken in publications, news releases, online, and in other communications related to their missions.

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!
Kelley White-Chaplin
KMW Consulting
Equine Assisted Coaching OC
Equine Facilitated Coaching & Wellness