REININGHEROES@YAHOO.COM

REINING★HEROES

COLORADOREININGHEROES.COM

Therapeutic Riding and Beginning Horsemanship

PHOTO RELEASE

Rider(s) Names: _____ Date: _____

_____

_____

I hereby consent to being photographed, filmed, videotaped or audiotaped by any employee or representative of Reining Heroes, Inc., a 501(c)(3) organization. I understand that any such digital image, photograph, film, videotape or audiotape may be used in exhibits, advertising publications, website, educational materials, marketing materials, publicity, promotion, editorial or illustration or for any other purpose that Reining Heroes, Inc. deems appropriate. I hereby authorize Reining Heroes, Inc. to use reuse, publish or republish in any medium, for any purpose, at any time, any digital image, film, videotape or audiotape and to use my name in conjunction with the forgoing in Reining Heroes, Inc.'s sole discretion, and acknowledge and agree that I will receive no compensation and have no rights or ownership, in connection with the foregoing.

I hereby release and forever discharge Reining Heroes, Inc., its successors, assigns, members, executive directors, managing directors, directors, partners, managers, officers, employees and agents from any and all claims, liabilities, demands or actions that I or any third party may now have or have in the future related or in conjunction with any use of or publications of any digital image, film, videotape, audiotape or use of my name in any publication or website.

I have read and understand the terms of this agreement. This agreement shall be governed by the laws of the State of Colorado;

Participant(s) Signature(s) _____

_____

_____

Parent/Guardian Name (please print) _____
(if minor)

Telephone Number_____

E-mail Address_____