



Media Release Form

I hereby:

CONSENT

or

REFUSE

(MUST CHOOSE ONE)

to and authorize The Shane Center for Therapeutic Horsemanship, Inc. the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy in any and all media including without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets known or hereafter devised. This permission shall continue in perpetuity unless I revoke the permission in writing. I hereby waive the right to receive any payment for signing this release and the right to receive any payment for The Shane Center for Therapeutic Horsemanship, Inc.'s use of any of the material described above for any of the purposes authorized by this release.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this _____ day of _____, 201__

Print Name: _____
Employee, Guest, Participant, Volunteer

Signature: _____
Employee, Guest, Participant, Volunteer

OR

IF RELEASE IS PROVIDED ON BEHALF OF A MINOR

I hereby certify that I am the parent or guardian of _____, who is
Employee, Guest, Participant, Volunteer

under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

IN WITNESS WHEREOF, I have executed this release on this _____ day of _____, 201__

Parent/Legal Guardian: Print Name: _____

Parent/Legal Guardian: Signature: _____