

**Therapeutic Riding, Inc. Form #4**  
**3425 E. Morgan Road, Ann Arbor, MI 48108**

**Parent/Guardian – Adult Volunteer Video, Film and Photography Release Form**

This form is valid until December 31 of the year signed.

**No individual can be accepted as a volunteer in Therapeutic Riding Inc. until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or older.**

**Note:** Participation in Therapeutic Riding Inc. as a volunteer is **not** contingent on an affirmative (yes) response on this “Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form.”

I authorize Therapeutic Riding Inc. to record the image and voice of the subject named below and give Therapeutic Riding Inc. and all persons or entities acting pursuant to Therapeutic Riding Inc.’s permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Full Name of Subject:** \_\_\_\_\_  
Volunteer

**Parent/Guardian (if subject is under 18 years old)** \_\_\_\_\_  
Parent/Guardian

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Adult volunteer over the age of 18