



High Hopes

High Hopes Therapeutic Riding, Inc.

A Tradition of Excellence in Therapeutic Riding

_____ **Participant** _____ **Volunteer**

SUMMER CAMP PHOTO RELEASE

Photo & Publicity Release: _____ I hereby consent and authorize

_____ I do not consent to, nor do I authorize

1) High Hopes Therapeutic Riding, Inc. and/or the National Inclusion Project and its Partners to use my(my child's) photograph or image in their print, online and video publications; 2) release High Hopes Therapeutic Riding, Inc., and/or the National Inclusion Project and its Partners, their employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child).

Date: _____

Signature: _____

Print Name: _____

Name of Participant _____

Relationship to Participant _____