

TROT



Therapeutic Riding of Temecula

Photograph Release Form

Date: _____

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by TROT of any and all photographs and any other audio/visual materials taken of me or my child for promotional material, educational activities, TROT web site and exhibits.

Signature: _____

Parent/Guardian: _____