

## Volunteer/Staff/Participant Photo Release

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PHOTO RELEASE

I  DO

DO NOT

consent to and authorize the use and reproduction by **Stable Hands** of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program (to include, but not limited to brochure, Stable Hands' webpage or Facebook page, video on our Website via hosted through YouTube, Vimeo, DVD or presentations) .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant, Parent or Legal Guardian  
(Volunteer or Staff)