



## PHOTO RELEASE

\_\_\_\_\_ I consent to and authorize \_\_\_\_\_ I do not consent to nor to I authorize the use and reproduction by Cross Creek Meadows Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, or for any other use for the benefit of the program.

Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

(If participant is under the age of 18)

## POLICY OF CONFIDENTIALITY

I agree to respect and observe the privacy and confidentiality of the participants, volunteers, and donors of Cross Creek Meadows Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

(If participant is under the age of 18)