2016 PATH Intl. Photo Contest

PHOTO RELEASE FORM

I hereby consent to and authorize the use and reproduction by PATH Intl. of any and all photographs and/or videos of me or my child submitted to the PATH Intl. photo/video contest for promotional printed materials, the PATH Intl. website, social media sites, educational activities and exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities and therapies.

__________________________________________________________________________  ______________
Signature of adult or parent of child                                             Date

__________________________________________________________________________
Printed name of signer

__________________________________________________________________________
Address

__________________________________________________________________________  ______________  ______________
City                                                                 State      Zip Code

(__________________________)  __________________________
Day Phone                                                               Email