



PSTRC PHOTO RELEASE FORM

Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial) (mm/dd/yyyy)

Parent/Guardian Name(if under 18 yrs old): _____
(Last) (First)

Address: _____
(number) (street) (unit/apt #) State Zip Code

Primary phone number: _____ (home work cell)
Circle one

Secondary phone number: _____ (home work cell)
Circle one

Primary Email: _____

Please Check One

_____ *I DO* _____ *I DO NOT*

Consent to and authorize the use and reproduction by PEGASUS SPRINGS THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibits, social media or for any other use for benefit of the program.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
(of parent or guardian if under 18 yrs old)

