Horses In Service Natural Therapeutic Riding Center

Participant Registration and Media Release

Registration

Name: _____

DOB: _____ Age: _____

Address: _____

City _____ State: VA Zip: _____ County: _____

School: _____ Interests: _____

Parent/Legal Guardian's Name: _____

Address if Different: _____

City _____ State: VA Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Occupation: _____

Work phone: _____ Degree: _____

In Case of Emergency:

Contact: _____ Relationship _____ Phone: _____

Contact: _____ Relationship _____ Phone _____

Consent for Media Release

I hereby consent to and authorize the use and reproduction by Horses In Service ~ Natural Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, publication on the *H.I.S.* web site (www.horsesinservice.org) and other social media, facebook, web sites or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Participant) (Parent or Guardian if under age 18)

Non-Consent for Media Release

For reasons that I am not obliged to disclose, I **DO NOT** give consent for photographs, either still or moving, or any television or news or social media, to be taken of myself, or our/my (son/*daughter/ward*), _____, by H.I.S. or any persons working on behalf of said center. I understand that a **MARKER** will be placed on the record kept in the administration offices of the center which will designate that photographs are not allowed of said person.

Signature: _____ Date: _____

(Participant) (Parent or Guardian- if under age 18)