

## Medicine Horse Program

### PHOTO & VIDEO RELEASE

I hereby authorize Medicine Horse Program and those acting pursuant to its authority to photograph, video tape, or use any other electronic method of recording my likeness and/or voice to be used at Medicine Horse Program's discretion in publications and/or web sites.

I hereby give Medicine Horse Program the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release Medicine Horse Program and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Medicine Horse Program.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

**(If you are under 18 years of age, a parent or guardian must sign.)**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Minor's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_