



Photography & Videography Release of Minor Form  
(Under Age of 18 Years Old)

I, \_\_\_\_\_, parent/ guardian of \_\_\_\_\_ agree that Horse Therapy Centre of Canada Inc. & any of their associates and/or representatives has my permission to take pictures and/or videos of my child while on the facility of Horse Therapy Centre of Canada Inc., or during any of their out-of-barn group activities, for the purpose/use of marketing through social media, flyers, or website, etc. and for any educational purposes.

I am aware that if my child is involved in any of our group activities that this permission is mandatory.

I, \_\_\_\_\_, confirm that I have fully read over and comprehend the Photography & Videography Release of Minor Form and am in agreeance with all the terms.

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

\_\_\_\_\_  
Date

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Photography & Videography Release Form of Adult  
(Over Age of 18 Years Old)

I, \_\_\_\_\_, agree that Horse Therapy Centre of Canada Inc. & any of their associates and/or representatives has my permission to take my pictures while on the facility of Horse Therapy Centre of Canada Inc., or during any of their out-of-barn group activities, for the purpose/use of marketing through social media, flyers, or website, etc. and for any educational purposes.

I am aware that if I am involved in any of our group activities that this permission is mandatory.

I, \_\_\_\_\_, confirm that, as of the date signed below, I am over the age of 18 years old, and I have read and comprehend the Photography & Videography Release Form of Adult and am in agreeance with all the terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date