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## PHOTO/MEDIA RELEASE FORM

I hereby authorize my name, likeness, image, voice, interview, and performance to be used for the education, public relations, and fundraising purposes of WindReach Farm. I also authorize pictures (photographs/videotape/film) of myself to be taken for these purposes.

I understand that some examples of such uses are: newsletters, brochures, slide shows, videotapes, displays, posters or billboards, releases to newspapers, WindReach Farm's website, DVD production, WindReach Farm's Facebook page, and television stations. My consent is for such purposes as WindReach Farm may consider appropriate, and is not limited to these examples.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\*\*\*\*\*  
**In the event that an individual is under 18 years of age or lacks the capacity to give consent or lacks the ability to understand the issue of consenting to publicity, consent of the parent or legal guardian or next of kin is required.**  
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I hereby state that I am the parent or legal guardian or next of kin of \_\_\_\_\_  
(Participant's Name)

and give consent for this person to be involved in WindReach Farm's publicity as stated above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Next of Kin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### VOLUNTEER LIABILITY RELEASE

As a volunteer with therapeutic riding lessons and/or in other volunteer programs at WindReach Farm, I acknowledge the risks and the potential for risks of a horseback riding program and/or other WindReach programs. However, I feel that the possible benefits to me and the clients/visitors I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against WindReach Farm, its Board of Directors, Instructors, Therapists, Volunteers and or Employees for any and all injuries and/or losses I may sustain while participating in the therapeutic riding lessons and/or other volunteer programs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

### VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, \_\_\_\_\_ recognize that my role as a volunteer with the therapeutic riding lessons and/or other volunteer programs at WindReach Farm will entitle me to certain information about riders and/or visitors which should be treated as confidential. All information given to me by a parent/instructor/rider/teacher/staff in relation to a rider and/or visitor will be discussed only with the personnel of WindReach Farm. At no time will I discuss any information about riders and/or visitors with any other individuals. I recognize that all material and papers pertaining to the rider's and/or visitor's care are legal documents, and that all information contained there is confidential.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_