



PHOTO RELEASE FORM

Permission to Use Photograph

Name of Person/Horse/Object _____

I grant SaddleUp! Foundation (SUF), its representatives and employees the right to take photographs of me and my property in connection with the above-identified name. I authorize SUF, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I hereby consent to and authorize the use and reproduction in print and electronic format by SUF or anyone authorized by SUF, of any and all photographs which have been taken of me for any publicity purpose, without compensation. All images are owned by SUF. I consent that my name and age may also be printed aside the photograph along with a description of the activity that I am taking part in. This is used as a description or caption purpose. I hereby acknowledge that I am 18 years of age or older and that I have read and understood the terms of this release.

Signature _____

Printed Name _____

Affiliated Organization Name (if applicable): _____

Address: _____

Phone Number: _____

Date: _____

Signature, Parent or Guardian: _____

If under 18 years of age

Printed Name, Parent or Guardian: _____