

Talisman Therapeutic Riding, Inc.
172 Blue Ribbon Lane, Grasonville, MD 21638
443-239-9400 Office
www.TalismanTherapeuticRiding.org.

Volunteer Application - Photo/Video/Sound Release Form

Photo/Video/Sound Release Form

I consent to and authorize the use and reproduction by Talisman Therapeutic Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, internet, social media, or for any other use by the program.

Signature: _____ Date: _____
(Volunteer or Parent/Guardian if the volunteer is 17 years old or younger.)

OR Non-Consent Photo Release

I do not consent to and do not authorize the use and reproduction by Talisman Therapeutic Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, internet, social media, or for any other use by the program.

Signature: _____ Date: _____

Signature of Parent/Guardian if the volunteer is 17 years old or younger

Affirmation:

I understand that:

- 1) In the course of volunteering for TTR, I may be dealing with confidential information about TTR rider's medical information and I agree to keep said information in the strictest confidence.
- 2) The relationship between TTR and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or TTR.
- 3) I grant TTR permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of TTR.
- 4) I am responsible for informing TTR of ALL changes regarding information contained in this application and for updating all paperwork annually.
- 5) In case of medical emergency, the undersigned authorizes TTR to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Signature: _____ Date: _____

Signature of Parent/Guardian if the volunteer is 17 years old or younger: _____

Print Name of Parent/Guardian: _____