

Consent and Use of Likeness Release Form

Name:		
First	Middle Initial	Last

I, as participant, parent or legal guardian of a participant, hereby grant and authorize Stirrup Hope and Trinity Oaks Farm the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of me, my child or my ward, to be used in and/or for promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, presentations, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. The authorization extends to all languages, medias, formats and markets now known or hereafter devised. The authorization shall continue indefinitely, unless revoked by participant in written form and accepted by Stirrup Hope and Trinity Oaks Farm.

I understand and agree that these materials shall become the property of Stirrup Hope and Trinity Oaks Farm and will not be returned.

I hereby hold harmless, and release Stirrup Hope and Trinity Oaks Farm from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

THE SIGNATURES BELOW WARRANTS THAT THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF PARTICIPANT HAS READ THIS CONSENT AND USE OF LIKENESS RELEASE FORM PRIOR TO THE SIGNING OF THIS DOCUMENT, THAT THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF PARTICIPANT UNDERSTANDS IT AND THAT THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF PARTICIPANT FREELY ENTERS INTO THIS CONSENT AND USE OF LIKENESS RELEASE FORM.

Participant 1	Parent or Legal Guardian of Participant(s)
Signature:	Signature:
(Signature not required for participant if participant is a minor)	
Print Name:	Print Name:
Birth Date:	Relationship to Participant:
Date Signed:	Date Signed:
Participant 2	
Signature:	
(Signature not required for participant if participant is a minor)	
Print Name:	
Birth Date:	

Date Signed: