

Walk On

Release Form Participant

General Information

Name: _____ Date: _____

Address: _____

Photo Release

I Do Consent
 Do Not Consent

To and authorize the use and reproduction by **Walk On** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Participant, Parent, Guardian

Participant Handbook Checklist

NARHA STANDARD A7

I have read and understand the Participant Handbook. It is my responsibility to ensure anyone accompanying myself/my son/my daughter/my ward is aware of and follows the rules.

- Illinois Equine Liability Act
- Participant Rules
- Emergency Procedure
- Dismissal Policy
- First Aid Kit Location
- Cancellation Policy

Signature of Participant, Parent Guardian

Print Name

Date

Revised: 11-1-07