



IHWHA Photo & Video Release

Participant's Name _____ Age _____

Address _____

City, State or Province _____ Zip _____

Telephone _____ Email _____

If participant is under the age of 18 years, this release for must be signed by a parent or legal guardian of the child.

I authorize the International Heritage Walking Horse Association, Inc. and its representatives to publish the photographs and/or videos taken of me, and my name, for use in the IHWHA's newsletter and website.

I acknowledge since my participation in IHWHA activities is voluntary, I will receive no financial compensation should my photos or videos be used.

I further acknowledge that my participation in any publication and/or website produced by IHWHA, Inc, gives me no rights of ownership whatsoever. I release IHWHA, Inc, its representatives, and members from liability for any claims by me or a third party in connection with my participation.

Signature _____ Date _____