



**National
Walking Horse
Association**

NWHA Photo Release Form

National Walking Horse Association
4059 Iron Works Parkway, Suite 4
Lexington, KY 40511

Permission to Use Photograph

Subject: _____

Location: _____

I grant to the *National Walking Horse Association* its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject.

I authorize the *National Walking Horse Association*, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the *National Walking Horse Association* may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____

Printed name: _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)