

RISING TIDE THERAPEUTIC EQUESTRIAN CENTER INC.

Photo Release

____ **DO**

____ **DO NOT** Consent to and authorize the use and reproduction by Rising Tide Therapeutic Equestrian Center, Inc. and its representatives of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, or for any other use for the benefit of Rising Tide Therapeutic Equestrian Center, Inc.

Signature: _____ Date _____
Participant, parent, or legal guardian

Print name: _____

Confidentiality Agreement

I understand the confidential nature of all records maintained by Rising Tide Therapeutic Equestrian Center, Inc. I agree not to disclose or divulge any information contained in these records.

Signature: _____ Date _____

Background Information

Have you ever been charged with or convicted of a crime? Yes _____ No _____
If Yes, please explain:

Please provide the names and contact information for two references:

Name _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____

Address _____ City _____ Zip _____
