





**Mentor Training Workshop  
Photo Release Form**

**PATH Intl. Photo Release Form**

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship, International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, PATH Intl.'s website, and exhibitions or for any other use for the benefit of PATH Intl. and equine assisted activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For PATH Intl. Records**

Name: \_\_\_\_\_

Name of person(s) in photo: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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