

## Photo/Video Release & Authorization Form

Name of Participant:	
Date of birth	
Address:	
City:	State:
Zip:	Country:
Email:	Phone:

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I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I release Equus-Training/Horse Agility Austria from any and all claims, liability or obligation. I shall not own or claim rights to such products nor to any portion thereof, and I waive all claims for any compensation for such intended use or for damages.

Print Name:

Signature:

Date: