**New Leaf Farm**

**8203 County Road T**

**Arpin, WI 54410**

**(715) 570-5179**

**[www.newleaffarmwi.com](http://www.newleaffarmwi.com)**

**newleaffarmwi@gmail.com**

**Photo Release Form**

 I grant New Leaf Farm, its representatives and employees the right to take photographs of me/my child during my/their instruction/riding time. I authorize New Leaf Farm, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that New Leaf Farm may use such photographs of me/my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. **No identifying names will be used** without permission.

 I prefer New Leaf Farm **not use photos** of me/my child for public and/or marketing use. Please blot out my child’s face from any photos used.

I have read and understand the above:

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent or guardian if student is not 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other minor children included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_