

2016 PATH Intl. Photo/Video Contest Entry Form

Professional Association of Therapeutic Horsemanship International	Please Print	
Submitter's Last Name	Submitter's First Name	
Address	City, State, ZIP Code	
Daytime phone	Email address	
Signature of parent		
(if 17 or younger)	Printed name of parent	Date
Name of photographer	Center	Photo
(if not the same as submitter)	(if applicable)	Credit
Please print above the names of all people ir	the photo. List them from left to right.	
Discussion in the training of		
Please describe what is happening in the pho-	UIO	

PATH Intl. Photo Release

Photo releases are required for each photo submission. The individual entering the Professional Association of Therapeutic Horsemanship International (PATH Intl.) photo contest must sign the PATH Intl. photo release form at the bottom of this entry form.

In addition, if there are humans in your submitted photograph, there must be a release form submitted for each individual. Most PATH Intl. member centers keep a photo release on file for each participant, volunteer and staff member. If your release covers PATH Intl. promotional use of the submitted photo's participants, staff or volunteers, please feel free to submit a copy of those forms with the entry. If your center does not keep a photo release file, please have all individuals pictured complete the PATH Intl. photo release form and include it with your entry form. Both forms are available for download on the PATH Intl. website at http://www.pathintl.org/pathintl-membership/what-is-new/272-2011-photo-contest.

□ I hereby consent to and authorize the use and reproduction by PATH Intl. of any and all photographs submitted to this contest for promotional printed materials, educational activities, PATH Intl. websites, PATH Intl. social media, and exhibitions or for any other use for the benefit of PATH Intl. and equine-assisted activities and therapies.

I have attached a copy of a Center or PATH Intl. photo release for each person pictured.

Signature	Date
Printed name of signer	
Address	City, State, ZIP Code
Daytime phone	Email address