



**Waukesha County 4-H Horse Association  
PHOTO RELEASE FORM**

**AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL**

I, \_\_\_\_\_, hereby authorize Waukesha County 4-H Horse Association, to use, reproduce, and/or publish photographs and/or video that may pertain me or minor child(ren),

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

including my (their) image and likeness without compensation. I understand that this material may be used for the Waukesha County 4-H Horse Association website.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

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

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

Guardian of Minor Child(ren)

Club: \_\_\_\_\_

Club Leader: \_\_\_\_\_ Date: \_\_\_\_\_