



Grand Valley Equine Assisted Learning Center  
Photo Release and Confidentiality Agreement

**Photo Release:**

I, (please print) \_\_\_\_\_ hereby consent to, and authorize the use and reproduction of any and all photographs by GVEALC, and any other audiovisual materials taken of me or my child/ward for promotional printed material, educational activities or for any other use for the benefit of GVEALC.

**Parent/Guardian/Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality Agreement:**

I, (please print) \_\_\_\_\_ hereby agree not to disclose any client names, treatment information or identifying information pertaining to any client, past, present or future, of *Grand Valley Equine Assisted Learning Center* to anyone who is not affiliated with *Grand Valley Equine Assisted Learning Center*. This confidentiality agreement is effective on the date of the signing of this agreement, and is forever binding after my association with *Grand Valley Equine Assisted Learning Center* ends.

**Volunteer or Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Volunteer's or Client's**

**Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

(If Volunteer or Client is under 18 years of age)