

**RELEASE RE USE OF NAME/LIKENESS FOR RIBBONS OF SERVICE**

I hereby consent, as parent or guardian of the child ("My Child") named below and on My Child's behalf, that the United Professional Horsemen's Association, Inc. ("UPHA") and any of UPHA's employees or agents have the right to use at any time any photograph, video recording or other likeness of My Child for the sole purpose of reporting, advertising, marketing or promoting UPHA's "Ribbons of Service" program. I further consent that My Child's name may be used in a caption, descriptive text or commentary for the same purpose.

On my own behalf and on behalf of My Child, I hereby release UPHA and any of its employees or agents, from any liability of any kind or nature arising from that use and waive, to the extent of my consent above, the right to control the use of the identity or likeness of My Child.

I understand that there will be no financial or other remuneration due to me or My Child as a result of any use of My Child's identity or likeness for the purpose described above, and that UPHA is not responsible for any expense or liability incurred as a result of that use.

I acknowledge that I have read and understand the statements above, and am competent to execute this document on my own behalf and on behalf of My Child.

My Child's Name: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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