Freedom Hills Therapeutic Riding Program, Inc.
P.O. Box 222,
Port Deposit, Maryland 21904-0222
(410) 378-3817
www.freedomhills.org

Testimonial Form

We're always delighted to hear about the success of our riders, of our volunteer's goodwill and from all of our friends of Freedom Hills Therapeutic Riding Program. Please fill out the form below to share your story with us.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Testimonial: _____

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Consent & Release

I hereby consent to and authorize with complete permission, without compensation or limitation, the use and reproduction by Freedom Hills Therapeutic Riding Program, Inc. to take, record, publish, display or obtain testimonials or other statements from me in any media, by any means, methods including, but not limited to educational, advertising, marketing and promotional materials or any other use for the benefit of the program. This consent is granted for an undefined period. I understand and agree that the Statements may be used, with or without, identifying my affiliation, and me. Statement usage is at the sole discretion of Freedom Hills.

I represent and warrant that I have read and understand the contents of this release. I agree that the foregoing testimonial represents a 'Statement or Testimonial' by me and is subject to terms and conditions of consent and release.

Date: _____ Consent Signature: _____

Freedom Hills is an equal opportunity system. The system's policies, programs and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, sex, and handicap.