

**DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC**

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**EAP/EAL PHOTO RELEASE FORM**

Divine Interactions Equine Facilitated Wellness, LLC and Boeser Equine, LLC recognize that there can be great therapeutic benefit for clients reflecting on photographs of their interactions with horses after their sessions. Many of our clients find this keepsake opportunity of great value and deeply cherish these photos. If you would like to be included in this entirely voluntary/optional opportunity, please check and sign the appropriate lines below, and bring a flash drive with you to your EAP/EAL session(s) to obtain your photos:

\_\_\_\_\_ I hereby grant permission to Divine Interactions Equine Facilitated Wellness, LLC and Boeser Equine, LLC to take photographs and/or video during my EAP/EAL session(s) to share with me via flash drive and/or email for my own personal use.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ I hereby grant permission to Divine Interactions Equine Facilitated Wellness, LLC and Boeser Equine, LLC to take and use photographs and/or video of me taken during my EAP/EAL session(s) in marketing and other communications related to the missions of Divine Interactions Equine Facilitated Wellness, LLC and Boeser Equine, LLC.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

Printed Client Name: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_