



## Image Release Form

I \_\_\_\_\_ consent to the following:

Use of my likeness in any photograph submitted as part of the Photography Contest for use by the Town of Englehart in any of its publications, including print or web based.

1. I authorize the Town of Englehart to copy, edit, crop, or otherwise alter any photo for use in Town of Englehart publications. I also waive any rights for approval or inspection of any photos.
2. I acknowledge that I am not entitled to any compensation with respect to the use of the photos.

I confirm I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly, and voluntarily signing.

\_\_\_\_\_  
Subject's Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Photographer's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date