



Arbor Day Photo Contest 2017 Entry Form

Please submit a complete Entry Form for each submission of batch of photos.

Entrant Name: _____
Address: _____
Phone Number: _____
Email: _____

Title of Photo Submitted: _____
Caption of Photo: _____

If submitting multiple pictures, please complete one entry form and name each picture using the following format:

First name-last name-(1)-title of photo-

Release:

I am aware that all entries submitted for judging can be displayed and used by the City of Victor for any purpose without charge or copyright infringement, and the the image(s) submitted are my original photographs and appropriate for public viewing. Any images including recognizable people must be accompanied by a standard photographer's release. All entrants under 18 years of age must have parent/guardian's signature.

All photo's displayed by the City of Victor will receive recognition for their photographs.

Signature of Entrant or parent/guardian: _____
Date of Submission: _____

All entries must be handed in by MAY 31, 2017

City of Victor



PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to City of Victor, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to City of Victor to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)