

## PHOTO RELEASE Required Signatures for: Photographer

*(you must have one form for each photo entered)*

Photographers Name: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Signed Photo/Media and Information Release of photos and subjects in photo

*Minors (under the age of 18) who appear in photographs must have a parent/legal guardian sign their release; subjects 18 years and older can sign their own release form.* I hereby grant the National Association of Conservation Districts (NACD) permission to use my likeness, name or images I have photographed in any and all publications: including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the National Association of Conservation Districts (NACD) and will not be returned. My photos can also be used for my personal or professional use. I hereby irrevocably authorize NACD to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing NACD's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge NACD from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If under the age of 18 I will have consent signed by parent or guardian.

\_\_\_\_\_  
**Signature of photographer** **Date**

\_\_\_\_\_  
**Signature of Parent/legal guardian** **Date**

\_\_\_\_\_  
**Signature of parent/legal guardian if a photographer is a minor under age of 18**

\_\_\_\_\_  
**Printed name of parent/legal guardian if a minor under age of 18**

**Questions? Contact: SWCD staff – Sandra Warner at (815) 756-3237 Ext. 3 or [sandy.warner@dekalbilswcd.org](mailto:sandy.warner@dekalbilswcd.org)**

### **Subjects in photos:**

*If subjects have photo release on file at their school, **attach** a written authorization from school that photo release forms are on file. Information needed: School name, address, authorized persons name & signature, position, phone and e-mail and written authorization by school along with list of student names.*

**MODEL/SUBJECT RELEASE FORM**

To be used if any of the subjects faces are recognizable in your submitted photos  
Please carry this form with you when taking photos,

**PHOTOGRAPHER NAME** \_\_\_\_\_ **STATE** \_\_\_\_\_

**Subjects in photos release: By signing this release I have read and understand the NACD Photo Release Information.**

\_\_\_\_\_  
**Name of person photographed/videotaped (PLEASE PRINT) Age (if minor)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, and Zip Code**

\_\_\_\_\_  
**Signature of person photographed/videotaped** **Date**

\_\_\_\_\_  
*Or signature of parent/legal guardian if a minor under age of 18*

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*

**Information & subjects signatures needed below or on back of form (page 1 has information on school/student releases)**

**Additional Subjects in photos release:**

\_\_\_\_\_  
**Name of person photographed** **(PLEASE PRINT) Age (if minor)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, and Zip Code**

\_\_\_\_\_  
**Signature of person photographed** **Date**

\_\_\_\_\_  
*Or signature of parent/legal guardian if a minor under age of 18*

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*

**Additional Subjects in photos release:**

\_\_\_\_\_  
**Name of person photographed** **(PLEASE PRINT) Age (if minor)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, and Zip Code**

\_\_\_\_\_  
**Signature of person photographed/videotaped** **Date**

\_\_\_\_\_  
*Or signature of parent/legal guardian if a minor under age of 18*

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*