



Best of Grand Ledge 2017 Photo Contest

RELEASE FORM

Publicity Release/Permission To Reprint			
<p>By completing this form, I hereby grant permission to the City of Grand Ledge to use the photograph(s) submitted for publishing, illustration, advertising, trade and promotion, on the City’s website, Facebook page, FLIKR website, television channel, or for any other purposes or any other mediums they deem appropriate without payment or any other consideration. I understand and agree that these materials will become the property of the City of Grand Ledge and will not be returned. I hereby irrevocably authorize the City of Grand Ledge to edit, alter, copy, exhibit, publish, and distribute my photograph(s) for purposes of publicizing the City 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 photograph(s) appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my photograph(s). I hereby hold harmless and release and forever discharge the City of Grand Ledge from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or of my estate have or may have by reason of this authorization.</p>			
Name of Person Entering Contest:	Phone Number: ()	Birthdate*:	
Street Address:	City:	State:	Zip:
Signature:	Date:		
<i>*If photographer is under 18 years of age on the date the entry is submitted, this form MUST be signed by a legal parent or guardian.</i>			
Printed Name of Legal Parent or Guardian:	Phone Number: ()	Birthdate:	
Street Address:	City:	State:	Zip:
Signature of Legal Parent or Guardian:	Date:		