

Photographer's Information:

Administrative Offices 58 Old North Road Worthington, MA 01098 413-238-5511 www.hchcweb.org

PHOTO RELEASE FORM

Permission for Photography

All photo contest entries with an identifiable person or persons must be accompanied by the model release form provided below. If the subject or subjects are under 18, a parent/ guardian needs to sign the model release form. Please submit a separate form for each person in the photograph. Photos of people without release forms will be disqualified from winning any associated honors or prizes. Photographers are encouraged to submit all release forms at the time of photo contest entry. We do understand that in some cases, this may be difficult. Therefore, winners and honorable mention recipients will have 10 days from the day of notification of their honor to obtain and submit release forms. If forms are not obtained within this time period, the entry will be disqualified.

For valuable consideration received, I consent in perpetuity to the use of photographs of me and/or my child by **Hilltown Community Health Centers, Inc.** (including any agency, client, periodical or other publication). This consent applies to all forms known now or in the future, in all media and in all manner, including, but not limited to, advertising, art, editorial, electronic and exhibition.

AT (location):	
*If the Model is under 18 year of age, a parent or legal guardian must also sign	
PARENT/GUARDIAN SIGNATURE AND DATE:	