

6th Annual PHOTO CONTEST

ENTRY FORM

Please complete this form OR provide this information with each entry.

Full name
Phone number
Email address
FIRST ENTRY:
Name/title of entry photo
Location where the photo was taken
Category in which image is to be entered
SECOND ENTRY:
Name/title of entry photo
Location where the photo was taken
Category in which image is to be entered

NOTE: A signed image waiver for each person in images must be included.



Name:

MEDIA WAIVER & RELEASE

I have been informed Hensall District Co-operative, Incorporated (Hensall Co-op) representatives are recording my name, likeness, image, voice, appearance and/or performance as well as my property.

I hereby authorize any images taken of myself and/or my property, in whole or in part, individually or in conjunction with other images, to be displayed on Hensall Coop website and other official channels, and to be used for media purposes including promotional presentations and marketing campaigns.

I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

(Please Print)	
Signature:	Date:
Youth Media Consent	
part, individually or in conjunction w	n of my youth (under 18 years of age), in whole or invith other images, to be displayed on the Hensall Connels, and to be used for media purposes including eting campaigns.
	esation, which I may have in connection with such use cluding rights to be written copy that may be created editing and promotion therewith.
I am over 19 years-of-age and the p this waiver and am familiar with its	arent or legal guardian of the youth, and I have reaccontent.
Parent/Guardian:(Please Print)	Signature:
Youth's Name:	Date: