



3rd Annual PHOTO/VIDEO 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.



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, audio or video recordings taken of myself and/or my property, in whole or in part, individually or in conjunction with other images, audio or video recordings, to be displayed on Hensall Co-op 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.

Name: _____
(Please Print)

Signature: _____ Date: _____

Youth Video Waiver / Media Consent

I hereby authorize any images or video footage taken of my youth (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Hensall Co-op 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 youth's name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

I am over 19 years-of-age and the parent or legal guardian of the youth, and I have read this waiver and am familiar with its content.

Parent/Guardian: _____ Signature: _____
(Please Print)

Youth's Name: _____ Date: _____
(Please Print)