



Photo Contest Model Release Form

(This form must be completed by anyone recognizable in the image)

I hereby grant the Cache la Poudre National Heritage Area permission to use my likeness in a photograph in any and all publications for Government and non-government purposes, including website entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the Cache NHA and will not be returned.

I hereby irrevocably authorize the Cache NHA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Cache NHA's website, 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 the Cache NHA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persona 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. I agree to indemnify and hold the Cache NHA harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

NAME (Please Print): _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

SIGNATURE: _____

DATE: _____

If the person signing is under the age of 18, there must be consent by a parent or a guardian, as follows:

I, _____, am the parent/legal guardian of the individual (model) named above. I have read this release and approve its terms.

Parent or Guardian signature/date: _____

Parent or Guardian printed name /date: _____