



20 YEARS OF ATLANTA CELEBRATES PHOTOGRAPHY

2018 PHOTOGRAPHY CONSENT AGREEMENT
"ACP Open Exhibition"

PLEASE WRITE YOUR NAME ON THE BACK OF YOUR PHOTOGRAPH.

PRINTS ONLY. NO MOUNTED PHOTOS WILL BE PERMITTED. 8 1/2 x 11 MAXIMUM SIZE.

MAXIMUM 2 PHOTOGRAPHS PER PHOTOGRAPHER MAY BE DISPLAYED.

Photographer NAME: _____ (required)

City/ State/ Zip: _____ (required)

Phone: _____ (required)

Email: _____ (required)

Would you like to join our mailing list? Y____ N____

[] My Name is on the back of my photograph(s)

I understand that my photo will not be returned to me. If I would like the photo back, I must pick them up between 2pm and 5pm on Saturday October 27th following the award ceremony.

Initials (required)

Age category: (please check one)

- [] Middle School and Younger
[] High School
[] 19 - 65 (Adult)
[] 65 + (Senior)

I hereby consent to the unrestricted use by Atlanta Celebrates Photography (ACP) of all photography referenced above which has been taken by me, the undersigned, for all promotional purposes including (without limitation) online, editorial, advertising, or publication without compensation to me (this includes possible publication in Creative Loafing, media partner for the ACP Open Exhibition). I hereby waive any right to inspect or approve these promotions that I hereby release and hold harmless Atlanta Celebrates Photography from all liability. ACP will only use my image in a manner compliant with this agreement, which constitutes the sole complete and exclusive agreement between myself and Atlanta Celebrates Photography. Photographer retains all copyrights.

Signature _____

Under 18? If Yes, check here _____

Signature of Legal Guardian _____

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