



2018 PHOTOGRAPHY CONSENT AGREEMENT
"ACP Open Exhibition"

SCHOOL: _____ (required)

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

MAXIMUM of 2 PHOTOGRAPHS PER PHOTOGRAHER MAY BE DISPLAYED.

PLEASE WRITE YOUR NAME AND SCHOOL ON THE BACK OF YOUR PHOTOGRAPH.

Photographer NAME: _____ (required)

City/ State/ Zip: _____ (required)

Phone: _____ (required)

Email: _____ (required)

Would you like to join our mailing list? Y____ N____

My name and school name are 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,
Initials (required) I must pick it up between 2pm and 5pm on Saturday October 27th following the
award ceremony.

Age category: (please check one)

Elementary School

Middle School

High School

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 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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