

2019 PHOTOGRAPHY CONSENT AGREEMENT
"ACP Open Exhibition"

SCHOOL: _____ (required)

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

PRINTS ONLY. NO MOUNTED PHOTOS WILL BE PERMITTED. 8 ½ x 11 MAXIMUM SIZE.

Photographer Name: _____ (required)

City/ State/ Zip: _____ (required)

Phone: _____ (required)

Email: _____ (required)

My name and school name are on the back of my photograph(s)

Initials (required)

I understand that my photo(s) will not be returned to me. If I would like the photo back, I must pick it up Saturday, Sept. 28 between 11am-1pm **immediately following** the closing award ceremony.

Age category (please check one):

Youth 12 and under

Youth 13-18

Adult 19 and older

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. I hereby waive any right to inspect or approve these promotions as well as 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 I understand I may receive emails and updates regarding future photo opportunities and can unsubscribe at any time.

Signature _____

Under 18? If Yes, check here _____

Signature of Legal Guardian _____



@acpfest