

E Name of Photographer: _____
N Address: _____

T Phone: _____
R E-mail: _____
Y Photograph Description
 Title of Photo: _____
 Date and Time: _____
O Location: _____
N Names of Individuals in Photograph: _____
E _____
 Description: _____

E Name of Photographer: _____
N Address: _____

T Phone: _____
R E-mail: _____
Y Photograph Description
 Title of Photo: _____
 Date and Time: _____
T Location: _____
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N Address: _____

T Phone: _____
R E-mail: _____
Y Photograph Description
 Title of Photo: _____
 Date and Time: _____
T Location: _____
H Names of Individuals in Photograph: _____
R _____
E Description: _____
E

Photo Release Form

Important: Individuals pictured in submitted photographs must sign the following consent statement. Make as many copies of the form as necessary. Entries will not be valid until all signed photo releases are received by the Arts Council.

I hereby consent that the photograph made of me on this date may be used by the Cleveland County Arts Council for publications, public relations, education, training and any other Arts Council purposes it sees fit without further consideration from me.

Signature of Photo Subject: _____

 Name of Photo Subject: _____

 Date: _____
 Principal Contact (from entry form) _____

 Title of Photo (from entry form) _____

Signature of Photo Subject: _____

 Name of Photo Subject: _____

 Date: _____
 Principal Contact (from entry form) _____

 Title of Photo (from entry form) _____

Signature of Photo Subject: _____

 Name of Photo Subject: _____

 Date: _____
 Principal Contact (from entry form) _____

 Title of Photo (from entry form) _____

Release forms must be received with photographs by June 4th.
 Mail or Deliver to: Day in the Life Photo Contest - Cleveland County Arts Council, 111 S. Washington St., Shelby, NC 28150