



Photo Release Form

I, _____ understand that my likeness in a photo is being submitted
(print full name of person in photo),

by _____ to the City of Berkeley Lake Photography Committee
(print name of photographer)

for consideration in the monthly City of Berkeley Lake photo contest. As such, I hereby grant the City of Berkeley Lake permission to use my likeness in this photograph in any and all of its publications, including but not limited to all printed and digital publications. I understand and agree that this photograph using my likeness will become the property of the City of Berkeley Lake and will not be returned.

I acknowledge that since my image in the photograph being submitted for the photo competition is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize the City of Berkeley Lake to edit, alter, copy, exhibit, publish or distribute this photo for the purposes of publicizing the City of Berkeley Lake in but not limited to the the City of Berkeley Lake photo competition and for any other related, 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 out of, or related to, the use of the photograph.

I hereby hold harmless and release forever discharge the employees, volunteers and citizens of the City of Berkeley Lake from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age 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.

_____ with intent of being legally bound on _____.
(signature of person whose image is used) (date)

Witnessed by: _____
(printed name of person submitting photograph)

_____ (signature of person submitting photograph) _____ (date)

Please email your completed and signed photo release form to: release@photoberkeleylake.com. The signed form must be received by the Photo Committee for your photo to be eligible.