

Photo Contest Model Release Form

All photo contest entries with an identifiable person or persons must be accompanied by the model release form provided below. If the subject or subjects are under 18, a parent/guardian must sign the model release form. Please complete a separate form for each person in the photograph. Release forms must be provided to Southwestern Vermont Health Care upon request. If a release cannot be provided the photograph will be disqualified from the contest and will not be eligible for display.

In exchange for good and valuable consideration, I consent in perpetuity to the use of photographs of me and/or my child by Southwestern Vermont Health Care (including any agency, client, periodical, or other publication). This consent applies to all forms known now or in the future, in all media and in all manners, including, but not limited to, advertising, art, editorial, electronic, and exhibition.

Photographer’s Information:

Name: _____

Telephone Number: _____

Email Address: _____

Model’s Information:

Name: _____

Telephone Number: _____

Email Address: _____

Check here if this model is a child under age 18

Model’s Signature: _____

Parent/Guardian Printed Name (if model under 18)

Parent/Guardian Signature

Relationship to Model

Date Signed

You may either scan and e-mail this signed form to photocontest@svhealthcare.org or mail the form to: Southwestern Vermont Health Care Photo Contest, 100 Hospital Drive, Bennington, VT 05201.