

**Photo Contest: Private Property Release Form**

All photo contest entries with identifiable private property must provide a signed written release from the land owner. Please complete a separate form for each property. 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.

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In exchange for good and valuable consideration, I consent in perpetuity to the use of photographs of my private property 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: \_\_\_\_\_

**Owner's Information:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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