

Pictures of the Park Photo Contest Photo Release Form

Citizens to Preserve Black Hawk Park Foundation & Black Hawk State Historic site

I hereby grant the Citizens to Preserve Black Hawk Park Foundation & Black Hawk State Historic Site permission to use my likeness in a photograph in any and all publications for government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the Citizens to Preserve Black Hawk Park Foundation and will not be returned. I hereby irrevocably authorize the Foundation to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Black Hawk Historic Site's programs or for any other 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 or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Citizens to Preserve Black Hawk Park Foundation and Black Hawk State Historic Site 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 18 years of age or older 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. I agree to indemnify and hold the Foundation and Historic Site harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date _____

Printed Name/Date _____

Address _____

City State Zip Code _____

Phone _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of

_____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date _____

Parent or Guardian's Printed Name/Date _____