

FRIENDS OF LEDGES STATE PARK PHOTOGRAPHY CONTEST  
PHOTOGRAPHY RELEASE

I, \_\_\_\_\_, ("Releasor") with a mailing address of

\_\_\_\_\_ grant permission

and consent to: \_\_\_\_\_, ("Releasee"/photographer) for the use

of the following photographs(s) as identified below for presentation under any legal condition, including

but not limited to publicity, copyright purposes, illustration, advertising, and web content by the Friends

of Ledges State Park. I understand that there is no payment for this release, and no royalty, fee, or other

compensation shall become payable to me by reason of such use.

\_\_\_\_\_  
*describe photo(s)*

\_\_\_\_\_  
Releasor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if Releasor is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Releasee's (Photographer's) Signature

\_\_\_\_\_  
Date