

The Best of Reedsburg Photo Contest

Model Release Form

I hereby grant to the City of Reedsburg and those acting with its permission or upon its authority the absolute and unqualified right and permission to copyright (in its own name or otherwise), produce, publish, distribute, and otherwise use photographs, motion pictures, other audio-visual works, electronic representations (collectively, "Original Work") made of me (or the minor named below) alone or in which I (he/she) am (is) included. I hereby assign to the City of Reedsburg any right, title or interest that I may have or be deemed have therein.

I hereby waive any opportunity or right that I may have to inspect or approve the finished Original Work, the use to which it may be put, and any other materials that may be used in connection with such use. The use hereunder may be in any medium at the discretion of the City of Reedsburg.

I hereby waive, release and discharge the City of Reedsburg from any claim, demand, action or suit that I may have or that maybe derived through me for defamation, invasion of privacy, or any violation of publicity, or for any other negligent or intentional conduct relating to the publication or use of the Original Work.

As consideration for the foregoing, the City of Reedsburg will use the Original Work for official City use. The City will not use the Original Work in any distorted or altered manner or in any manner that might unreasonably result in embarrassment or humiliation. When using the Original Work, the City will not identify me (or the minor named below) by name or other personal identifying information without prior written consent. The City will not disclose names, addresses, or any other personal identifying information to a third party without prior written consent.

I hereby acknowledge that I have read and understand this Consent and Release and that I have authority to execute it and am doing so voluntarily and with full knowledge that it will be binding upon me and my heirs.

Name _____ (Model/Person Photographed)

Street _____

City _____ State _____ Zip _____

Photographer Name _____ Date of Photo _____

Signature of Model

Signature (Parent or Guardian if under 18)

Date

Date