

Albany Visitors Association Photo/Video Contest Release

Date _____

Photographer _____

For consideration, I hereby irrevocably consent to and authorize the use and reproduction by Albany Visitors Association, or anyone authorized by Albany Visitors Association, of any and all photographs/videos entered by me in the Albany Visitors Association Photo Contest. I understand photo/video credit will be given to the photographer when possible.

I am over 18 years of age. Yes _____ No _____

Signature _____

Date _____

If the person signing is under 18 consent should be given by parent or guardian as follows.
I hereby certify that I am the parent or guardian of the above photographer.

Parent or Guardian _____