

310 Greenwood St. • Grand Ledge MI 48837 Ph: 517.627.2149 • Fax: 517.627.9796 • www.cityofgrandledge.com

Best of Grand Ledge 2022 Photo Contest

MODEL RELEASE FORM

NOTE: EACH photo entry with a recognizable person(s) in the photo MUST include a SIGNED Model Release form. A Model Release form must be submitted for EACH recognizable person in EACH photo. Please duplicate the form as needed.

Model Release

By completing this form, I hereby grant the City of Grand Ledge the right to use my likeness in a photograph in any and all of its publications, including; illustration, advertising, trade and promotion, on the City's website, Facebook page, FLIKR website, television channel, or for any other purposes or any other mediums they deem appropriate without payment or any other consideration. I understand and agree that these materials will become the property of the City of Grand Ledge and will not be returned. I hereby irrevocably authorize the City of Grand Ledge to edit, alter, copy, exhibit, publish, and distribute this photo for purposes of publicizing the City 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 City of Grand Ledge from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or of my estate have or may have by reason of this authorization.

Name of Person Entering Contest:					
Title of Photo:					
Printed Name of Model:	Phone Number:)		Model's Birthdate*:	
Street Address:	City:	State:		Zip:	
Signature of Model:	Date:				
*If model is under 18 years of age on the date the entry is submitted, this form MUST be signed by their legal parent or guardian.					
Printed Name of Legal Parent or Guardian:	Phone Number:	Birthda		te:	
Street Address:	City:	State:		Zip:	
Signature of Legal Parent or Guardian:	Date:				