

**CONNESTEE FALLS POA (CFPOA)
RESIDENT PHOTO CONTEST SUBMISSION AND RELEASE AND PUBLICITY PHOTO RELEASE**

I hereby submit the photographs and/or film/videos listed, and confirm I have taken these and have the right to grant use to CFPOA. I further grant CFPOA, its legal representatives and assigns, the absolute right to use these photographs and/or film/videos for publicity, newsletters, websites, media and other marketing purposes. I authorize permission to copyright and reuse and use and publish, and republish these photographs and/or film/videos without restrictions for an unlimited time, for marketing related to Connetsee Falls. This right is granted regardless of contest outcome. I understand contest winner selection is sole right of CFPOA and its decisions are final.

I hereby warrant that I am of legal age and have every right to give consent to the above for myself. I hereby release CFPOA, and their legal representatives and assigns, from any liability related to its use of my photography, film and/or video as outlined herein.

_____ Unit _____ Lot _____
Name of person submitting and granting use (please print)

_____ Date: _____
Signature of person granting use

Photo/Videos Submitted (use separate form for additional submissions):

	Image Name	Image/File Type
1		
2		
3		
4		
5		
If there are no people in your photo/video, you're all done!		

If people are in one of your submitted photos, they must complete the below:

I hereby grant Connetsee Falls POA, its legal representatives and assigns, the absolute right to photograph, film and/or video and use my likeness and images of my property for publicity, newsletters, websites, media and other marketing purposes. I authorize permission to copyright and reuse and use and publish, and republish photographs, film and/or video of me or in which I may be included, without restrictions for an unlimited time, for marketing related to Connetsee Falls.

I hereby warrant that I am of legal age and have every right to give consent to the above for myself and/or my minor child listed below. I hereby release Connetsee Falls POA and their legal representatives and assigns, from any liability related to its use of photography, film and/or video of me or my child as outlined herein.

	Name of Person Granting Use (please print)	Signature
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

If for a minor child, indicate name below and your relationship to:

For my Minor Child (Print Name): _____

Relationship to Child: _____