Permission for Photography

Seasons of the St. Louis River, an Area of Concern Photo Contest

(name of model), herby give permission to
(name of photographer) for the irrevocable and
nrestricted right to use and publish photographs of me, or in which I may be included,
or the St. Louis River Area of Concern Photo Contest.
understand my photograph may be used in publications produced by the St. Louis liver Area of Concern partners and sponsors, and agree to the use of said image to be sed in any medium. I hereby release the Photographer and his/her legal representatives and assigns from all claims and liability relating to said photographs.
Model's Signature
Print Name
Model's Date of Birth
Email Address
Today's Date
Legal Guardian Signature (if under 18)
Print Name