

Photo Release Form

The Florida Frontiersmen Inc.
1000 Old Fort Meade Road
Homeland, FL 33847
USA

Subject: _____

Location: _____

Permission to Use Photos

I certify that I have the right to assign the photographs in the above-identified subject and supplied with this Release Form to the Florida Frontiersmen, Inc.

I grant to the Florida Frontiersmen, Inc., its club representatives and officers the right to use the photographs I have supplied via (CD, DVD, Thumb Drive, or Other) in connection with the above-identified subject. I authorize the Florida Frontiersmen, Inc. its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Florida Frontiersmen, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above.

Signature: _____

Printed Name: _____

Organization Name (if applicable): _____

Address: _____

City/State/Zip: _____

Date: _____

Signature of parent or guardian (if under 18): _____