

## 2019 Williamstown Township Photo Contest Permission Form

### *Photographer*

Last Name:	First Name:	Date of Photograph Submission:
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### *Recognizable Person*

Last Name:	First Name:	Phone #:
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I give my permission to the above named photographer to use my personal image from this photograph in any way he/she sees fit, including publishing it. I do not expect, nor will I accept any compensation for the use of my image (in this photograph) now or in the future.

Signature:

Signature of Parent or Guardian (if under 18):

Date:

### **For Office Use Only**

Date/Time Received:	Submission #:
Received by:	
Notes:	