

New London Historical Society Photo Contest

Photo Release Form

I hereby give permission to _____ to use my name and photographic likeness for the New London Historical Society Photo Contest.

Print Name:

Address:

E-mail:

Telephone:

Signature:

Date:

If subject is under 18: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name:

Address:

E-mail:

Telephone:

Signature:

Date: