



Section 10 - NYSATE's Digital Photography Contest! Usage Policy Form

Name of the Photographer: _____

Address of the Photographer: _____

Phone Number of the Photographer: _____

E-mail of the Photographer: _____

I hereby agree as follows:

1. I grant NYSATE the right to use my photography, including the right to publish and copyright in any and all media my submitted photography, without limitation.
2. I will receive a photo credit for work used in printed materials.
3. I agree that this release does not conflict with any existing commitment of my part, not does it violate the rights of any third party.
4. I understand that there is no financial obligation or agreement between NYSATE and myself.
5. I own the rights to the image(s) I have submitted, free and without obligation. Any people appearing in my images agreed to do so with full consent. I can provide their names and contact information if necessary.

I AGREE TO THE ABOVE

Please provide a brief description of the photo and file name:

Date: _____

If photographer is a minor, please list the parent or legal guardian below:
