

**ENTRY FORM**

Complete this form to submit with your photo entry. One form must accompany each photo or image file.

Email to: [jpollard@explorefranklincountypa.com](mailto:jpollard@explorefranklincountypa.com)

Standard Mail to: FCVB, 37 S. Main Street, Suite 100, Chambersburg PA 17201

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title of Photo: \_\_\_\_\_

Description of Photo: \_\_\_\_\_

Location of Photo: \_\_\_\_\_

**PUBLICITY RELEASE/PERMISSION TO REPRINT PHOTO**

By signing below, I—the entrant of the FCVB Photo Contest and submitter of the photograph or image file—allow the Franklin County Visitors Bureau to reprint and/or reuse the photo(s), which I have entered into the FCVB Photo Contest, in various media formats for an unlimited amount of uses over an unlimited time period. Use of the photograph is granted at no charge to FCVBI. My signature also indemnifies and holds FCVB harmless from and against all claims, actions, proceedings, damages, losses, liabilities, and costs that may arise from or related to any infringement by the Entrant on any intellectual property rights or other rights of a third party by the Entrant. (If Entrant is under 18 years of age, a parent or guardian must sign.)

SIGNATURE: \_\_\_\_\_

Guardian Signature (if photographer is under 18) \_\_\_\_\_

Printed Photographer Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE BY INDIVIDUALS APPEARING IN PHOTOGRAPH**

By signing below, I—as the individual whose image appears in the photograph submitted by \_\_\_\_\_ in the FCVB Photo Contest, agree to use of my photograph and grant Franklin County Visitors Bureau indefinite and infinite use of the photo at no charge to FCVB. My signature also indemnifies and holds FCVB harmless from and against all claims, actions, proceedings, damages, losses, liabilities, and costs that may arise from or related to any infringement by the Entrant on any intellectual property rights or other rights of a third party by the Entrant. (If Entrant is under 18 years of age, a parent or guardian must sign.)

SIGNATURE: \_\_\_\_\_

Guardian Signature (if photographer is under 18) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_