



**KANE-DUPAGE SOIL AND WATER CONSERVATION DISTRICT PHOTO CONTEST  
ENTRY FORM**  
(Required for each photo submitted)

<b>PHOTOGRAPHER INFORMATION</b>		
Name	Age	Grade (if under 18)
Street Address		Apartment/Unit #
City	County	ZIP
Phone	E-mail Address	

<b>PHOTO CATEGORY AND DIVISION</b>		
Conservation Practices	Adult <input type="checkbox"/>	Youth <input type="checkbox"/>
Close Up Conservation	Adult <input type="checkbox"/>	Youth <input type="checkbox"/>
Conservation in Action	Adult <input type="checkbox"/>	Youth <input type="checkbox"/>
Agriculture & Conservation Across America	Adult <input type="checkbox"/>	Youth <input type="checkbox"/>

<b>PHOTO INFORMATION</b>
Photo Title
Where Photo was Taken (City, State and County)
Description of Photo (Example: Monarch on Milkweed)



**KANE-DUPAGE SOIL AND WATER CONSERVATION DISTRICT PHOTO CONTEST  
PHOTO RELEASE FORM**  
(Required for each photo submitted)

**PHOTOGRAPHER INFORMATION**

Name	
Phone	E-mail Address

**RELEASE AND SIGNATURE**

*Minors (under the age of 18) who appear in photographs must have a parent/legal guardian sign their release; subjects 18 years and older can sign their own release form.*

I hereby grant the Kane-DuPage Soil and Water Conservation District (KDSWCD) permission to use my likeness, name or images I have photographed in any and all publications: including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these photos can be used by KDSWCD as stated above. My photos can also be used for my personal or professional use. I hereby irrevocably authorize KDSWCD to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing KDSWCD's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge KDSWCD from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If under the age of 18 I will have consent signed by parent or guardian.

All programs and services of the Kane-DuPage SWCD are offered on a nondiscriminatory basis, without regard to race, color, national origin, religion, sex, age, marital status or handicap.

Signature of photographer	Date
Signature of photographer's parent or legal guardian	Date
Printed name of parent or legal guardian	



**KANE-DUPAGE SOIL AND WATER CONSERVATION DISTRICT PHOTO CONTEST**  
**SUBJECT AND MODEL RELEASE FORM**  
 (Required for each photo submitted)

**PHOTOGRAPHER INFORMATION**

Name	
Phone	E-mail Address

**SUBJECT/MODEL INFORMATION & RELEASE**

Name of Subject/Model		Age (if under 18)
Street Address		Apartment/Unit #
City	County	ZIP
Phone		
<b>Release of information: By signing below, I certify that I have read and fully understand the conditions of KDSWCD's photo release as provided by the photographer.</b>		
Signature of Subject/Model (or signature of subject or model's parent or legal guardian)		Date
Printed name of subject/model's parent or guardian if minor		