

PHOTO CONTEST



REGISTRATION FORM

- ❖ **First Name:**
- ❖ **Last Name:**
- ❖ **Email:**
- ❖ **Phone Number:**
- ❖ **Website (if applicable):**
- ❖ **Number of Photos Submitted:**
- ❖ **Date at which the photos were submitted via e-mail or WeTransfer:**

Please tick all relevant boxes

- I hereby confirm that I own all applicable rights to all the pictures submitted.**
- I hereby confirm that I am 18 years old or older.**
- I am between 15 and 18 years old at the entry deadline and I hereby confirm that I have had the Parent or Guardian Form signed and can participate in this “Paris on the Potomac” Photo Contest.**

Name: _____ **Date:** _____

Signature: _____

PHOTO CONTEST



PHOTO CONSENT FORM

I, _____ (the “Releasor”) grant permission and consent to the Alliance Française of Washington, DC (the “Releasee”) **to photograph me** and to use the following photograph(s) as identified below for presentation under any legal condition including but not limited to publicity, copyright purposes, illustration, advertising, and web content. **I understand and agree that these photograph(s) will be entered in the Alliance Française of Washington DC “Paris on the Potomac” Photo Contest and that they may thus be exhibited and shown publicly:**

Description of the photo/photos: _____

Payment: I understand that there shall be no payment for this release.

Royalties: I understand that no royalty fee, or other compensation shall become payable to me by reason of such use.

Revocation: I understand that with my authorization below the photograph(s) may never be revoked.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Releasor’s signature _____ Date _____

Releasee’s signature _____ Date _____

PHOTO CONTEST



PHOTO RELEASE FORM

I, _____ (the “Releasor”) grant permission and consent to the Alliance Française of Washington DC (the “Releasee”) for the use of the following photograph(s) as identified below for presentation under any legal condition including but not limited to publicity, copyright purposes, illustration, advertising, and web content:

Description of the photo: _____

Payment: I understand that there shall be no payment for this release.

Royalties: I understand that no royalty fee, or other compensation shall become payable to me by reason of such use.

Revocation: I understand that with my authorization below the photograph(s) may never be revoked.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Releasor’s signature _____ Date _____

Releasee’s signature _____ Date _____

PHOTO CONTEST



PARENT OR LEGAL GUARDIAN PERMISSION FORM*

I hereby authorize and give full consent for my child to participate in the “Paris on the Potomac” Photo Contest organized by the Alliance Française of Washington DC.

I further agree and give full consent to the Alliance Française of Washington DC to interview, film or photograph my child for promotional and informational purposes related to the “Paris on the Potomac” Photo Contest.

I affirm that I have the legal right to issue such a consent.

Parent or Guardian: Print name, Signature and Date

Child’s name and age: _____

**To be signed if the participant is under 18 years old.*