

City of Boulder Open Space and Mountain Parks Voice & Sight Summer Safety Photo Contest 2016

Entrant's Name

Address

City

State

Zip Code

Phone number

Email address

Photo Title

Location of Photo

In addition to this form, please submit a digital copy of your photo and a photo release form for any identifiable human subjects.

I give the city of Boulder permission to use my photograph in any form deemed appropriate. I agree that the city of Boulder has the right to reproduce photos from the contest for educational, informational and promotional purposes on their web sites and in printed materials and products. I will retain copyright of my photograph and will be credited if it is used in print. The city of Boulder will refer any commercial inquiries about my photo to me. I verify that all information submitted is accurate and that I am the photographer of the photograph(s) submitted. I have read and agree to the official contest rules.

Signature

Date

Parents/legal guardians of entrants who are minors (under 18) please complete:

Parent's/legal guardian's Name _____

I am the parent/legal guardian of _____ Age: _____
(insert entrant's name)

I have read and agree to the Official Contest Rules and his/her entry is made with my permission.

Signature

Date