

CONSENT TO USE OF IMAGE

TOP PORTION TO BE COMPLETED BY PERSON SUBMITTING THE PHOTOGRAPH

I, _____ grant the Association of Child Life Professionals,
(Print name of person submitting photo)

my consent to use, in whole or in part, the photograph(s) I have submitted to the “ACLP Bulletin” photo contest.

I understand the photo may be reproduced, distributed and displayed publicly, in print or electronically on a worldwide basis.

In regard to the use of this (these) photographic image (s), I hereby waive any right that I may have to monetary compensation, or to inspect or approve the finished product, or the advertising or other uses made of the product. I also release the ASLP from any and all liability that may arise from the taking and use of the (these) photographic image (s) .

I have read and understand the assignment and release conditions described above. All of my questions concerning this from have been answered to my satisfaction. Submit questions to:

Signature: _____ Date: _____

If there are people featured in your photo, please have them complete the section below

BOTTOM PORTION TO BE COMPLETED BY PERSON(S) FEATURED IN THE PHOTOGRAPH SUBMITTED BY THE PERSON NAMED ABOVE

I, _____
(Print name of person in photo)

Address: _____

Email: _____

grant ACLP, my consent to use, in whole or in part, my image in the photograph submitted to the “ACLP Bulletin” photo contest.

Signature: _____ Date: _____

*If you have questions about how to complete this form submit them to: bulletin@childlife.org

Or send them to: Association of Child Life Professionals
7600 Leesburg Pike Suite 200 West
Falls Church, Virginia 22043