

# Faces of Hagerstown Model Release Form

Faces of Hagerstown is a photo exhibit that will be displayed along the Hagerstown Cultural Trail, a new public space that extends from Antietam Street to City Park in Hagerstown, Maryland. Photos selected for publication or public display will be accompanied by the name of the photographer and the title of the photo whenever practical. Thank you for being a part of this community project!

**I understand that I appear in a photograph or photographs taken by**

\_\_\_\_\_, and I give the photographer permission to use my name and that photographic likeness in his or her entry to the City of Hagerstown's *Faces of Hagerstown* Photo Competition. I also hereby give the City of Hagerstown (and those authorized by the City of Hagerstown) a royalty-free, world-wide, perpetual, non-exclusive license to publicly display, distribute, reproduce and create derivative works of that entry (including my name and photographic likeness), in whole or in part, in any media now existing or later developed, for any City of Hagerstown purpose, including, but not limited to, advertising and promotion of the City and its website, public exhibition — including along the Hagerstown Cultural Trail — and commercial products, including but not limited to publications of all kinds. I waive any right to inspect or approve the finished product wherein my likeness appears. I understand that I shall not receive any compensation for these uses and that the City of Hagerstown is under no obligation to use the entry in any way. I waive any claim or right of action arising out of the uses described in this release.

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the model is under 18, this section must also be completed:**

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_