

WCNRD Photo Contest Entry Form

Photographer Name: _____

Photographer Age: _____

Photographer Home Address: _____

Location photograph was taken/location depicted in photograph:

Brief description of the photograph:

If the photograph contains any people, please submit a completed model release form for each person.

By signing below, I acknowledge that by submitting these photographs, I grant WCNRD a royalty-free, worldwide, perpetual, non-exclusive license to display, distribute, reproduce and create derivative works of the entries, in whole or in part, in any media now existing or subsequently developed, for any educational, promotional, publicity, exhibition, archival, scholarly and all other standard purposes.

I understand that any photograph reproduced will include a photographer credit as feasible. WCNRD will not be required to pay any additional consideration or seek any additional approval in connection with such uses.

I have read and agree to the contest rules and terms and conditions of photo submission, available on the WCNRD website.

Signature

Date