

National Association of Conservation Districts

NACD Photo Contest Subject and Model Release Form

Photographer's name

Age

State

Release of information: By signing below, I certify that I have read and fully understand the conditions of NACD's photo release as provided by the photographer.

Name of subject or model

Age (if a minor)

Home address

(_____) _____

Phone number

City

State

County

Zip

Signature of subject or model
(or signature of subject or model's parent or legal guardian)

Date

Printed name of subject or model's parent or guardian if a minor