



2019 AGRICULTURAL HEALTH AND SAFETY NETWORK PHOTO CONTEST

Entry Deadline: September 30, 2019
Only 3 images max per person

Accepting entries:
May – September 30, 2019

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

RM Name/#: _____



PHOTO RELEASE FORM

I hereby grant the Agricultural Health and Safety Network ('The Network') Photo Contest to reproduce and use, for the contest or for any other promotional purpose, the photograph submitted by me in accordance with The Network Photo Contest and I confirm that the photograph I am submitting was taken by myself at:

_____ on the date of _____
 Location DD/MM/YYYY

By signing this form, I acknowledge and confirm that:

1. I am the owner of the photography and have the right to grant permission to The Network to use the photograph;
2. I irrevocably and expressly waive all moral rights that I have to the photograph;
3. I authorize the Network to use the photograph in any promotional purpose the Network, in its sole discretion, chooses, including without limitation to use, reuse, publish and re-publish the photograph in whole or in part, individually or in any and all media not or hereafter known, and for any lawful purpose whatsoever without restriction as to alteration, and to use the Network's logo in connection therewith if the Network so chooses;
4. I waive any right to approve how the photograph will be sued by the Network and release the Network from any liabilities, obligation or financial payment or recognition;
5. I acknowledge that the Network is not obliged to use the photograph for any purpose and has no obligation to return the photograph to me;
6. I confirm I am at least 18 years of age (if under 18, please have parent or guardian sign as well);
7. In the even the photograph contains identifiable individuals I confirm that I have obtained the express permission of those individuals who appear in the photograph, or have obtained in the case of minors under 18 years who appear in the photograph, the consent of their parent or legal guardian.

If you have any questions on the collection or use of your photograph please contact Tess Kelly at tess.kelly@usask.ca or 306-966-1683.

Signed this _____ day of _____, 20_____.

 Signature of Photographer

 Printed Name of Photographer

Signature of any Identifiable Individual in Photograph: _____,
 _____,
 _____,