



Photo Release Form

The Arc of New Jersey reserves the right to use the photographs submitted for the purpose of this contest for archival, advertising, promotional, and other such purposes.

I understand that by appearing in or submitting photographs, I grant The Arc of New Jersey irrevocable permissions:

1. I give my full permission to use, publish or submit for publication any photograph of me that are submitted for the purposes of participating in the Developmental Disabilities Awareness Month Poster Design Contest.
2. I give permission for the use of my name and/or photograph(s) or other recording(s).
3. I waive compensation for any use of my name and/or photograph(s) or other recording(s).
4. I release and discharge The Arc of New Jersey and its agents from any and all claims and demands arising out of or in conjunction with the use of photograph(s) or other recording(s) described herein, including, without limitations, any and all claims for libel or invasion of privacy.

Signature below indicates that the participant (or his/her parent or legal guardian) has read all of the above and fully understands the terms and conditions herein.

Participant Name (please print) _____

Signature _____ **Date** _____

Signature of a parent or legal guardian is required if participant is under 18 or unable to contract his or her name. Please include printed name of participant above.

Name of Parent or Guardian (please print) _____

Signature _____ **Date** _____