

# Chippewa River Watershed Project Photo Contest Registration Form

## Participant Information

Name:		Email (optional):	
Address:			
City:		State:	Zip Code:
Phone Number:			
Age (Check One):      _____ 17 years and under      _____ 18 years and older			
How did you hear about the photo contest?			

## Photo Information

Location of Photo (maps available at <a href="http://www.chippewariver.com">www.chippewariver.com</a> ):		
County:	Township:	Section:
Name of Water Body (if applicable):		
Type of Film (Circle One):	35 mm	Digital      Other _____
Please fill in:	Film Speed _____	Megapixels _____
Other Comments/Information:		

## Written Waiver Statement for Photographer's Rights Excepting Photographer Credit

I understand that by submitting my photograph to the Chippewa River Watershed Project, I waive my rights regarding all publicity, publishing and advertising regarding my picture. I accept that I will receive photographer credit but will not receive any compensation for my picture beyond any applicable prizes from the judging panel. The judges' decision becomes final at the announcement of the winners. The Chippewa River Watershed Project reserves the right to publish or advertise my photo without my knowledge. I understand that if my photo has identifiable persons in it other than myself, a release form for each identifiable person is required. I understand that my photograph becomes Chippewa River Watershed Project property upon receipt at the CRWP office.

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

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

Signature of Guardian (if submitter under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Submissions accepted at:  
 Chippewa River Watershed Project  
 Attn: Photo Contest  
 629 North 11<sup>th</sup> Street, Suite 17  
 Montevideo, MN 56265  
 Email: [jennifer@chippewariver.com](mailto:jennifer@chippewariver.com)

Office Use Only	Received By:	Date:	Entry ID #:
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