

**Chesterfield Soil & Water Conservation District  
PHOTO RELEASE**

Photographer and subjects in photos:

Photographers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone  
Number \_\_\_\_\_

**Photo/Media and Information Release of photos and subjects in photo:**

*Minors (under the age of 18) who appear in photographs must have a parent/legal guardian sign their release; subjects 18 years and older can sign their own release form.*

I hereby grant the Chesterfield Soil & Water Conservation District permission to use my likeness, name or images I have photographed in any and all publications: including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the Chesterfield Soil & Water Conservation District Chesterfield Soil & Water Conservation District and will not be returned. My photos can also be used for my personal or professional use. I hereby irrevocably authorize Chesterfield Soil & Water Conservation District to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Chesterfield Soil & Water Conservation District's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Chesterfield Soil & Water Conservation District from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If under the age of 18 I will have consent signed by parent or guardian.

\_\_\_\_\_  
Signature of photographer Date  
Or signature of parent/legal guardian if a minor under age of 18

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*

Description of Photo: _____
_____
_____
_____
_____
_____

**Chesterfield Soil & Water Conservation District  
PHOTO RELEASE**

Subjects in photos release: By signing this release I have read and understand the Photo/Media and Information Release on page 1

---

Name of person photographed (PLEASE PRINT) Age (if minor)

---

Address

---

City, State, and Zip Code

---

Signature of person photographed  
Or signature of parent/legal guardian if a minor under age of 18

Date

---

*Printed name of parent/legal guardian if a minor under age of 18*

Information & subjects signatures needed below

Additional Subjects in photos release

---

Name of person photographed (PLEASE PRINT) Age (if minor)

---

Address

---

City, State, and Zip Code

---

Signature of person photographed  
Or signature of parent/legal guardian if a minor under age of 18

Date

---

*Printed name of parent/legal guardian if a minor under age of 18*

Chesterfield Soil & Water Conservation District  
106 Scotch Rd.  
Chesterfield, SC 29709  
(843) 623-2187 ext. 3  
[www.chesterfieldswcd.com](http://www.chesterfieldswcd.com)

**Chesterfield Soil & Water Conservation District  
PHOTO RELEASE**

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**Subjects in photos**

Subjects in photos release: By signing this release I have read and understand the Photo/Media and Information Release on page 1

\_\_\_\_\_  
Name of person photographed (PLEASE PRINT) Age (if minor)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Signature of person photographed  
Or signature of parent/legal guardian if a minor under age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*

**Additional Subjects in photos release**

\_\_\_\_\_  
Name of person photographed (PLEASE PRINT) Age (if minor)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Signature of person photographed  
Or signature of parent/legal guardian if a minor under age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Printed name of parent/legal guardian if a minor under age of 18*

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