

## 2017 SAWTOOTH INTERPRETIVE AND HISTORICAL ASSOCIATION (SIHA) PHOTO CONTEST FORM

Name:	
Email:	
Phone Number:	
Street Address:	
City:	
State:	
Zip Code:	

Title of Photograph:

Category (Scenery, Wildlife, or People in Nature):

Location:

Title of Photograph:

Category (Scenery, Wildlife, or People in Nature):

Location:

Title of Photograph:

Category (Scenery, Wildlife, or People in Nature):

Location:

Submit this form via email to [redfishcenter@discoversawtooth.org](mailto:redfishcenter@discoversawtooth.org) or in person at the Redfish  
Visitor Center. Forms can also be mailed to  
SIHA - Attn: Photo Contest – PO BOX 75 - Stanley, ID 83278

Publicity Release/Permission to Reprint

By signing/typing my name below, I hereby grant the Sawtooth Interpretive and Historical Association (SIHA) the right to use this photo entry for advertising and promotion, or any other use in any medium for any purpose of SIHA. I hold SIHA harmless from any and all liability that might arise out of or result from the foregoing use. My entry signifies that I will abide by all rules, including that I will provide my true signature if my photo is selected.

Signature:

Date:

Parental Signature, if under 18:

Date:

Model Release

By signing/typing my name below, I hereby grant the Sawtooth Interpretive and Historical Association (SIHA) the right to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of SIHA and will not be returned, unless requested. I hereby irrevocably authorize SIHA to edit, alter, copy, exhibit, publish and distribute this photo for purposes of publicizing SIHA'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 SIHA 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.

*\*PLEASE INCLUDE A SIGNATURE FOR EVERY RECOGNIZABLE PERSON IN THE PHOTO\**

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Parental Signature, if under 18:

Date:

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