

Healthy Lamoille Valley Photo Project

Healthy Lamoille Valley (HLV), a community coalition under the umbrella of the Lamoille Family Center, is seeking to build our library of community based pictures to support coalition efforts.

Currently, July 2019, we are specifically looking for pictures of the Lamoille Valley Towns that celebrate the uniqueness and beauty of each community. These pictures may include, but are not limited to, town centers, projects such as community gardens, recreation facilities, natural resources, or festivals and events.

We are asking those submitting photos to also submit a photo release form authorizing Healthy Lamoille Valley to use your photos. A model photo release form is **NOT** needed when taking photos out and about in public. Normally on public property, it is perfectly legal to take pictures without a model photo release form. **However, if you are sending us pictures with identifiable youth under the age of 18, HLV does require a signed photo release by the parent/guardian.**

Additionally, we ask that you identify where and when (if known) the photo was taken and how you would like the photo credit to read. Ie. *Johnson Community Oven Community Bake, 7/22/19, Photo taken by Jessica Bickford.*



To submit photos please email photos with signed release(s) to Jessica@healthylamoillevalley.org.

PHOTO RELEASE FORM

I, _____ with a mailing address of _____
City of _____, State of _____ (the
"Releasor") grant permission and consent to Healthy Lamoille Valley (the "Releasee")
for the use of the following photograph(s) as identified below for presentation under any
legal condition, including but not limited to: publicity, copyright purposes, illustration,
advertising, and web content:

Describe Photo(s)

The Healthy Lamoille Valley Coalition will have the right to use these photos on their
website, in print ads, and in printed publications such as the Prevention Toolkit.

Payment (please confirm)

- I understand that there shall be no payment for this release.

Royalties (please confirm)

- I understand that no royalty, fee, or other compensation shall become payable to
me by reason of such use.

Revocation (Please confirm)

- I understand that with my authorization below the photograph(s) may never be
revoked.

Minor Release (Please confirm)

Are there identifiable youth under the age of 18? Yes No

If yes, have you included a signed Minor Release Form for each youth? Yes No

**We, the Releasor and Releasee, have understand and agree to the
aforementioned terms and conditions.**

Releasor's Signature _____ **Date** _____

Print Name _____ **Date** _____

Releasee's Signature _____ **Date** _____

Print Name _____ **Date** _____

MINOR (CHILD) PHOTO RELEASE FORM

Multiple children in the same family can be covered by the same form.

I, _____, the parent or legal guardian of
_____ [Child(ren)] grant Healthy Lamoille Valley my permission to
use the photographs described as
_____ [Describe Photographs] for any legal use, including
but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Healthy Lamoille Valley, will make a good faith effort to notify parents when using photos of your child in publications, advertising, or web content.

Parental Notes or Restrictions: _____

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Child's Name: _____

Child's Age: _____