



Portraits of Literacy

Capturing the Love of Reading through Photography
2010 Florida Literacy Coalition Photo Contest

Photo Entry and Release Form

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please Read the following statement and, if you agree, sign below.

I do hereby make the following statements, release, assignments and assurances to the Florida Literacy Coalition: I certify that I ("Photographer") am the person who took the photograph(s) submitted herewith (collectively, the "photograph(s)"), and I have not assigned any of my rights associated with the Photographs to any third party and have sole, complete and unrestricted authority to enter into this Release and to grant the rights described in this release.

I release the Florida Literacy Coalition from any liability that arises from their use of the photographs except for uses that violate the terms and conditions of this release.

I hereby grant the **Florida Literacy Coalition** the royalty-free right to distribute, publish and use the photograph(s) in publications to promote Florida based adult literacy programming and activities.

Number of Photos Submitted: _____

Name of Photo(s): _____

Print (full name) _____

Signature _____ Date _____

Complete if Photographer is under 18 years old:

Guardian Name _____

Guardian Signature _____ Date _____

Mail or Fax Entries to:
Florida Literacy Coalition
Portraits of Literacy
250 N Orange Ave, Suite 1110
Orlando, FL 32801

Fax (407) 246-7104