Submit by Email | Print Form

Department of Agriculture and Consumer Services

2011 Virginia Farmers' Market Photo Contest

Today's Date: _____

Photographer's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: (_____) _____ **Email:** _____

Age Category – Choose one

Child (up to age 12) ____

Youth: (ages 13 – 18) ____

Adult: (19 +) ____

Date of Photo: _____

Farmers' Market where Photo was taken: _____

Town/City where Market is located: _____

Photographic Release Form

In return for valuable consideration, receipt of which is acknowledged, I, _____, give the Virginia Department of Agriculture and Consumer Services, its agents or assigns, permission to use photographs, audio or video tape recordings taken by me on _____ (date) for use in any form of publication, promotion or for any other purposes.

Signed: _____

Address: _____

As parent of guardian of the above person (if under 18 years old), I consent to the above release and signature thereto and to the uses therein set forth.

Signed: _____

Address: _____

E-mail completed *Form* and *Photo* to vagrown@vdacs.virginia.gov

If you have any questions, please contact VDACS' Director of Communications Elaine Lidholm
804.786.7686 elaine.lidholm@vdacs.virginia.gov

For Office Use ~ Date: _____ No. _____