



**CCFW**

Cape Coral Friends of Wildlife

**PERMISSION TO USE IMAGE - PHOTOGRAPHER**

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Full Name \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Best Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under 18, parent or guardian signature is required**

Parent or Guardian Name (PRINT) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please choose your division

- Youth Division – 7 years to 17 years of age as of the date of submission
- Adult Division – 18 years and older

**If a person (s) appears in your photograph, a “Permission to Use Image of Person(s) Photographed” release must be signed by each individual.**