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| Full Name | | I hereby grant Cape Coral Friends of Wildlife (CCFW) non-exclusive, irrevocable permission to use, edit, alter, copy, exhibit, publish and/or distribute my photograph or likeness for purposes of CCFW programs or for any other lawful purpose without payment of other considerations. I wave the right to inspect or approve the finished product, including written or electronic copy. |
| Age | |  |
| Address | |  |
| City/State/Zip | |  |
| Home Phone | | Cell Phone |
| Email | |  |
| **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If under 18, parent or guardian signature is required.**  **Parent or Guardian Name (printed)**    **Parent or Guardian Signature Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| 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.**