

# Photography Release Form



## Instructions

1. Select the best images from your Candlelight Memorial event. Submissions may include print or high resolution digital photographs, or video clips no longer than five minutes.
2. Complete a Photography Release Form for each photo or video and sign below. For close-up images of persons who are not public figures, you must also submit a Person Release Form (see Page 2).
3. Write the title of your submission on your submission and form(s) so they match. Only matching submissions and forms will be considered.
4. Post your submission and form(s), along with any questions, by post, email, or fax (see below). All submissions become property of the Global Health Council and cannot be returned.

## Submission Details

Title of submission \_\_\_\_\_  
Today's date \_\_\_\_\_ Country \_\_\_\_\_  
Name of photographer \_\_\_\_\_  
Organization or community represented \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal code \_\_\_\_\_ Email address \_\_\_\_\_  
Phone \_\_\_\_\_ Date submission was created \_\_\_\_\_

Please describe what is happening in the submission (including names, titles, and locations):

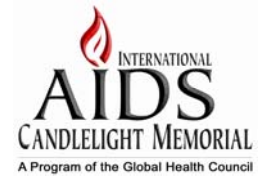
*I have read the instructions and allow the Global Health Council to publish this submission.*

Signature of photographer \_\_\_\_\_ Date \_\_\_\_\_

## Send to:

Candlelight Memorial  
Global Health Council  
1111 19<sup>th</sup> Street NW Suite 1120  
Washington, DC 20036 U.S.A.  
Phone: (202) 833-5900, Fax: (202) 833-0075  
Email: [candlelight@globalhealth.org](mailto:candlelight@globalhealth.org)

# Person Release Form



This form must be signed by any person featured up-close in photography or video submissions. This does not apply to public figures, such as politicians or other celebrities. A parent or guardian must sign for persons under the age of 18 years.

## Submission Details

Title of submission \_\_\_\_\_

Today's date \_\_\_\_\_ Country \_\_\_\_\_

Name of photographer \_\_\_\_\_

Name of person featured in picture \_\_\_\_\_

Name of guardian or parent (if applicable) \_\_\_\_\_

Organization or community represented by person in picture \_\_\_\_\_

*I allow the Global Health Council to publish this submission.*

Signature of featured person or guardian \_\_\_\_\_ Date \_\_\_\_\_

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