



Please submit this agreement and your photos in one email. Every photo submission must be accompanied by this agreement. Photos submitted without this agreement will not be considered.

E-mail: [classifiedcouncil@csn.edu](mailto:classifiedcouncil@csn.edu)

### **Authorization to Display Photographs in the CSN Classified Council. 2022 Calendar**

This statement confirms that I, \_\_\_\_\_, agree to allow an authorized employee, agent, or representative of CSN to publish the photographs I am submitting for inclusion in the CSN Classified Council 2022 calendar ("the calendar"). I also consent that my name may be used as the one submitting the photo.

I agree that submission of my photographs does not guarantee the publishing of my photographs in the calendar.

I agree that selection of the photos published in the calendar will be performed solely at the discretion of members of the CSN Classified Council. I further understand there is no appeal process for photos not selected for the calendar.

I agree that all rights in such photographs and related materials will be the exclusive property of CSN, its authorized vendors/agencies and their respective assigns.

I agree that the proceeds from sales of the calendar will be used to fund the Classified Council's programs, which may include funding for the CSN Classified Council's Holiday Angel Program.

I agree this authorization may permit, among other uses, the right and authority to use for trade or other purposes the reproductions of my artwork and/or related materials through the media of photographic prints, digital images, video/film, slides, television or other media and publications. It also includes my consent to use my name in connection therewith.

I am 18 years of age or older and have the right to grant this authority, and that I do so freely and voluntarily and with the express understanding that no compensation has been promised or is expected to be paid to me by CSN or any of its employees, agents or representatives for the authorization being granted.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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