

# PHOTO CONTEST MODEL RELEASE CONSENT FORM



I give the City of Waconia permission to use one or more photographs that include me for publicity purposes.

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Full legal name of person in photograph

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Signature of person in photograph if over 18 years of age

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Date

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\*Signature of parent or guardian  
(if person is under 18 years old)

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Date

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Relationship to person in photograph

*\*if person in photograph is a minor and/or unable to sign, a parent or guardian must sign and indicate relationship to person*

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Signature of Photographer

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Date

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Name of Photographer

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Title of Photo(s)