

Traverse Area Camera Club Release Waiver for Student Competition_____

I give my permission for my child/ or myself (if student is 18 years old or older) _____ to be involved with the Traverse Area Camera Club Photography Contest and accept any prizes that my child might win. I agree that the Traverse Area Camera Club will not be responsible for any loss or damage to my child's property. I also agree to have my child's photographs displayed.

Signed parent or guardian: _____ Date: _____

Please keep the following information legible. If the information is not legible your photos will be disqualified from judging. Please complete ALL the information below.

Student Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Photographs submitted - name, category:

- 1.
- 2.
- 3.

Mail to:

Lynne Lombard
3426 Manchester Rd
Traverse City, MI 49686.

*** Due by February 7, 2012.