



## Santa Fe Trail Association

*Santa Fe Trail Center, 1349 K-156 Hwy., Larned, Kansas 67550*  
*Phone: (620) 285-2054 FAX: (620) 285-7491*

### Photo Release Form

I hereby grant the Santa Fe Trail Association and associated Chapters permission to use my photograph in any and all publications for Santa Fe Trail Association or Chapter purposes, including web site entries, without payment or any other consideration in perpetuity.

I hereby irrevocably authorize the Santa Fe Trail Association and associated Chapters to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Santa Fe Trail Association's programs, Chapter programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including printed or electronic copy, wherein my photograph appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Santa Fe Trail Association and associated Chapters from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I agree to indemnify and hold the Santa Fe Trail Association and associated Chapters harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date \_\_\_\_\_

Printed Name/Date \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_,  
named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date \_\_\_\_\_

Parent or Guardian's Printed Name/Date \_\_\_\_\_

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide the Santa Fe Trail Association with contact information pertaining to this release form.