



Photo Release Form

I am submitting _____ photo(s) to Burnett County Tourism Coalition (BCTC). By submitting the photo(s) I am authorizing BCTC and any of its marketing partners full rights to use the photo(s) for an indefinite period of time for any promotional purposes such as literature, maps, advertisements, website, etc.

Photographer Signature

Date of Signature

Parent/Guardian Signature (If photographer is under 18)

Date of Signature Photographer

Name (PLEASE PRINT) _____

Address _____

Address _____ Phone _____

Email Address _____