NJSCA/ Atlantic County Grant: Year_	Organization:
The New Jersey State Council on the Arts now requires the ACOCHA to provide photographs from regrantee activities, documenting how the regrantee's activities are benefiting New Jersey, its residents, and/or artists that are funded by the Local Arts Program grant. Each applicant must provide 2 photographs of an event funded by the Local Arts Program grant during the grant funded year. Each person in the photograph should sign a release form, which will allow NJSCA to publish the image if it chooses to. Extra release forms will be provided with your grant agreement and award package. Keep these on hand throughout the grant cycle and remember to use them when you photograph funded programs required for submission with final report.	
Release & Con	sent to Use Of Photographs
the Arts, are referred to as "You" the Releasee. In "Photographs" and are attached to this Release at 2. Certification. I certify that I, who has supplied Photographs as provided in this Release without entity. I hereby certify that I informed all persons received permission to use their images and I will Office harmless from any claims for damages.  3. Release. I release and give up any and all claims, publication, and republication of the Photographotographic image, trademark, and/or trade nar reproduced, published or distributed in whole, or hereafter, for illustration, promotion, advertising, claims for damages.  4. Consent/License. I hereby grant to You the riphotographs with appropriate copyright attribution of photographs showing the appropriate attribution of photographs showing the advertising copy or or the use to which you may apply them.  5. Consideration. I agree to waive any right to on the Photographs. I agree that You are under not will not seek anything further including any paym.  6. Who is Bound. I am bound by this Release. A my heirs or the executor of my estate, is also bot all who succeed to your rights and responsibilities your statutory predecessor and /or successor.	Inyone who succeeds to my rights and responsibilities, such as my assigns and. This Release is made for your benefit, the benefit of your agents, and s, such as any county agency, state agency, or instrumentality, which is ms of this Release. I certify that all foregoing statements made by me are
Witnessed or Attested by: Releasor	accumulation.
Signature:	Date:
Print Names & Address:	