

2020 Oak Island Coastal Calendar Oak Island Parks and Recreation Department 4601 E. Oak Island Drive Oak Island, NC 28465 Phone: 910-278-5518/4747 Fax: 910-278-5350/4991 FREE TO ALL PARTICIPANTS



| (Please Print*) Full Name: (First) | | | (Middle)_ | | _(Last) | |
|------------------------------------|-------------------------|------------|-----------|-----|----------|--|
| Date of Birth: | f Birth: AGE: Phone # : | | | Wor | _Work #: | |
| Parent/ Guardian: | | | | | | |
| Address: | | | | | Zipcode: | |
| Email: | | | | | | |
| | | | | | | |
| Name of Photo: | | | | | | |
| Location Photo Was | | | | | | |
| Date Photo was taken | (best estimate): | | | | | |
| Select Season (please | check): Spring_ | Summer Fai | ll Winter | | | |
| About the Photograph | ner: | | | | | |
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Participant Authorization

I, or parent/guardian, of the above named participant in the 2019 Oak Island Coastal Calendar Contest, hereby relinquish rights for the submitted photos/works to be utilize in any works, or media coverage, approved by the Oak Island Parks & Recreation Department or Town of Oak Island. I assume all risks and hazards incidental to participation including transportation to and from activities; and hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Oak Island, the Oak Island Parks and Recreation Department, sponsors, participants and all other persons involved in various capacities with the above activity for any claims, demands, or courses of action arising out of or by reason of the above activity for which the participant is registered. I recognize that I will NOT receive payment for usage of my submissions, nor will I receive any revenue generated by this contest or program.

I also, grant permission to managing personnel or other town representatives to authorize usage of my name to identify ownership of these photos and their origins.

I agree to submit only photos that are of my own making, and that the included information about this submission is accurate to the best of my knowledge.

Participant Signature:



Parent/Guardian Signature: