

Photography Release Form

Photography Release

For good and valuable consideration, the receipt of which is acknowledged, I, hereby grant to the National Kitchen & Bath Association (NKBA) or its authorized representative, the non-exclusive right to use the photography referenced below to promote the NKBA, its services, competitions, and its members through any and all media including, but not limited to, various print pieces as well as broadcasts and Internet opportunities without restriction as to alteration. I further waive any rights to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

The NKBA will provide photo credit to all photography published. The NKBA reserves the right to crop or alter the photography at its discretion or as necessary in creating any one of the above stated projects.

I warrant that the photography is original and my own creation and does not violate any third party agreements.

I release and agree to hold harmless and indemnify NKBA, its licensees and assigns from all claims, demands, causes of action, damages, liabilities of any kind and reasonable attorney's fees which may arise out of or in connection with the use of the photography referenced below.

I am a legally competent adult and have the right to contract in my own name. This release shall be binding on my legal representatives, heirs, and assigns.

This agreement sets forth our understanding and may not be modified except in writing. I agree that my relationship to the NKBA is that of independent contractor and that this agreement does not create any employer-employee relationship.

The NKBA will request high resolution digital files of the original art for projects, if necessary, to ensure the highest quality images when reproduced.

Designer Name: _____ Project Name: _____

Designer Company: _____

Phone #: _____ Email: _____

Photographer Name: _____ Photo Credit: _____

Photographer Company: _____

Phone #: _____ Email: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Photographer Signature: _____ Date: _____

Please print this form and get the Photographer's signature. Once signed, please scan this form and attach it with your entry.