

**BEARD CENTER ON AGING AT LYNCHBURG COLLEGE
2010 PHOTOGRAPHY CONTEST: "A PORTRAIT OF AGING"**

Entry Form

This completed form must accompany your photograph and be turned in to the Beard Center on Aging, Room 304 Hopwood, by **5 P.M. on Monday, February 1, 2010**. Incomplete entries will not be accepted. Each photo must have a separate entry form.

Entrant's Name: _____
Campus Address: _____ Major/Dept. _____
E Mail Address _____
Phone: (____) _____
Title of Photo: _____

I am submitting this photo for the Beard Center on Aging and the Life Course Photography Contest. I understand that the photo will not be returned and will become the sole property of the Beard Center on Aging. By submitting the photo I am authorizing the Beard Center on Aging full rights to use the photo for an indefinite period of time for any promotional purposes. The photo submitted is of my own work.

Photographer's Signature _____ Date _____

All individuals included in the photograph must sign this agreement releasing the Beard Center on Aging of any liability. By signing below, each individual recognizes that the Beard Center will retain sole rights to the photograph and may use it for an indefinite time period for any promotional purposes.

Individual #1 Signature: _____ Date: _____

Individual #2 Signature: _____ Date: _____

Individual #3 Signature: _____ Date: _____

Individual #4 Signature: _____ Date: _____