



Long Lake Chamber of Commerce
715-635-3260
www.longlakewisconsin.org

Photo Release Form

I am submitting _____ photo(s) to Long Lake Chamber of Commerce. I understand that the photo(s) will NOT be returned and will become sole property of Long Lake Chamber of Commerce. By submitting the photo(s) I am authorizing Long Lake Chamber of Commerce full rights to use the photo(s) for an indefinite period of time for any promotional purposes such as literature, maps, advertisements, postcards, Facebook & 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 _____