



Friends of the Topeka Zoo – Take Your Best Shot Photography Contest

Photo Release Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

I have read, understand, and agree to the contest rules. I certify that the photograph that I have submitted was taken by me. I understand the Friends of the Topeka Zoo will retain my photo(s). I understand that Friends of the Topeka Zoo retains the right to use select contest entries for publication, website, educational or promotional use.

Photographer's Signature

Parent signature (if photographer is a minor)

Date _____