



Photography Consent Form

I give Crow Wing County permission to use one or more photographs that include me, copies of which are attached, for publicity purposes.

First and Last Name of person in photograph(s)

Signature of person in photograph(s), if 18 years of age or older

Date Signed

Signature of parent or guardian, if person in photograph is under 18 years of age

Relationship to person in photograph

Date Signed

First and Last Name of photographer

Signature of photographer

Date Signed

Photo entry number(s) or file name(s) (must match Photo Contest Entry Form)

Our Vision: Being Minnesota's favorite place.

Our Mission: Serve well. Deliver value. Drive results.

Our Values: Be responsible. Treat people right. Build a better future.