Photography Submission & Media Release

Kittson Healthcare Community Photography Project

Thank you for helping bring the beauty, people, and places of Kittson County into our healthcare spaces. Please complete one release for each photographer. Multiple images may be listed on page 2.

PHOTOGRAPHER / RIGHTS HOLDER INFORMATION

Full legal name

Preferred display credit (optional)

Mailing address

City

State

ZIP code

Email address

Phone number

PERMISSION GRANTED

- [x] Print, enlarge, mount, frame, and publicly display the submitted photography in Kittson Healthcare facilities.
- [x] Make reasonable edits for presentation, including cropping, color correction, sizing, and formatting, without materially altering the image.
- [x] Retain a digital copy for internal records and future replacement of displayed prints.
- [ ] Optional: Use the photography on Kittson Healthcare websites, social media, newsletters, press materials, or project promotion.
- [ ] Please credit me when practical using the preferred display credit listed above.

PHOTOGRAPHER AGREEMENT

I certify that I created the submitted photography or otherwise control the rights necessary to grant this permission. I grant Kittson Healthcare a non-exclusive, royalty-free license to use the photography only for the purposes selected above. I retain ownership and copyright. I understand that participation is voluntary, no payment is promised, and Kittson Healthcare may decide whether, where, and for how long an image is displayed. I confirm that any recognizable person shown has authorized the photograph and the permitted uses, or that no additional permission is legally required. I release Kittson Healthcare and its representatives from claims arising from the authorized use of the photography, except uses outside the permissions granted in this form.

Electronic or handwritten signature

Date

This form is intended to document permission for submitted photography. Kittson Healthcare may request additional releases when needed.

Submitted Photography Details

Complete this page for the images included with your submission.

PHOTOGRAPHER NAME

Helpful details allow Kittson Healthcare to accurately identify, credit, and thoughtfully place each image. List a filename or short title for every submitted photograph.

IMAGE 1

File name or image title

Location / subject shown

Approx. date taken

Caption, story, or placement notes (optional)

IMAGE 2

File name or image title

Location / subject shown

Approx. date taken

Caption, story, or placement notes (optional)

Continue on an additional page if submitting more than four images.

Submitted Photography Details - Continued

Additional images included with your submission.

IMAGE 3

File name or image title

Location / subject shown

Approx. date taken

Caption, story, or placement notes (optional)

IMAGE 4

File name or image title

Location / subject shown

Approx. date taken

Caption, story, or placement notes (optional)

Additional Permissions

Complete only when applicable.

RECOGNIZABLE PEOPLE IN THE PHOTOGRAPHY

- [ ] No recognizable people appear in the submitted photography.
- [ ] Recognizable people appear, and I have obtained permission for the selected uses.
- [ ] A recognizable minor appears, and a parent or legal guardian has authorized the selected uses.

Parent / guardian name (if applicable)

Phone or email

Parent / guardian signature (if applicable)

Date

KITTSON HEALTHCARE USE

Received by

Date received

Internal notes / selected display location