



# RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS

Champagne Horse Breeders' & Exhibitors' Association  
2033 Meander Run Road · Locust Dale, Virginia 22948

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I hereby grant the **Champagne Horse Breeders' & Owners' Association**, its officials, and employees the irrevocable right and permission, throughout the world, in connection with the photograph(s) that were taken of me or which I provided to **Champagne Horse Breeders' & Owners' Association**, its officials, and employees, (copies of which photographs are annexed hereto and made a part), the following: the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if **Champagne Horse Breeders' & Owners' Association**, its officials, and employees so desires.

I hereby forever release and discharge **Champagne Horse Breeders' & Owners' Association**, its officials, and employees from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of **Champagne Horse Breeders' & Owners' Association**, its officials, and employees.

Please check one:

\_\_\_\_\_ I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.

\_\_\_\_\_ I represent that the photographer is a minor and that I am the parent of the minor and that I have read the foregoing and fully and completely understand the contents.

\_\_\_\_\_  
Photographer or parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type both photographer's and parent's name

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature of CHBOA official and title