

<NN> CANNERY HISTORY PROJECT

Media and Material Consent/Release Form

The NN Cannery History Project appreciates your interest and contribution to the project. Use this form to submit a representative photograph or video (media), written material (poem), or artwork (painting, drawing, etc.) from your personal collection. Attach your submission in the highest resolution possible and indicate below if we may have your permission to share them as a part of the project's campaigns. Send via email to info@nncanneryproject.com or if you prefer by U.S. mail to: **NN Cannery History Project**

12005 Broadwater Dr.

Eagle River, AK 99577

Use of any submissions and their associated information will be the sole purpose of the project's promotion and education of the cannery life.

Photographer/Author: _____

Title: _____

Date of Media, Writing, or Artwork: _____ **Location:** _____

Description of Photograph or Video (Names of people, places, or objects, how objects were used): _____

I hereby authorize the **NN Cannery History Project** to use my photograph, video, writing, artwork and/or information related to my experiences with cannery life. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators, fundraising, and media and/or other similar ways. **NN Cannery History Project team** will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given as a public service to the **NN Cannery History Project**, without expecting payment. I release the **NN Cannery History Project** and the **Alaska Association for Historic Preservation** and their respective employees, officers, and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videos and/or photographs.

I prefer that:

- | | | |
|--|---|--|
| <input type="checkbox"/> My complete name be used | <input type="checkbox"/> Only my submission is | <input type="checkbox"/> My submission and/or |
| <input type="checkbox"/> My first name only be used | shared and not my story | story is shared |
| <input type="checkbox"/> No name be used | | |

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent