Photography Release Form



By completing this form, I grant the NYSNLA or any of its Regions to use all of the photographs to promote membership activities which can include, but not limited to, website & social media, newsletters, directory or email.

Please complete the form for EACH entry submitted in the landscape awards program.

ENTRANT CONTACT INFORMATION		
Contact Name:		
Company Name:		
Company Address:		
City:	State:	Zip:
Phone:	Cell # (optional):	
Email:		
HOMEOWNER/BUSINESS PHOTO INFORMATION		
Homeowner /Business Name:		
Address:		
City:	State:	Zip:
Date of Photo:		
RELEASE SIGNATURE (OWNER)		
Print Name:		
Signature:	Date:	

OPT OUT

☐ Please do not use my photographs for public display or in this particular manner only (please list where you do not want photos displayed)

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Please submit either by:
Mail – PLANT WNY, PO Box 188, East Amherst, NY 14051
Email - membership@plantwny.com Questions: (716) 741-8047