



“Your slogan”

Thank you for volunteering to be a photographer for *Name of the Heart Gallery*.

Please read this document carefully, filling in all blanks and mail to:

Name of the Heart Gallery

Attn: *Contact name*

Address

Please keep a photocopy for your own records.

For questions call *Phone number*

or email at *email address*

***Name of the gallery* Photographer’s Statement of Agreement**

I, _____ (print name), the undersigned, as a photographer for *Name of the gallery*, hereby agree to the following statements:

1. I understand that I am providing a charitable service to *Name of the gallery* for the purpose of photographing children who are in need of adoptive/foster families. I understand I will not be financially compensated for this service.
2. I understand that I agree to be in compliance with all *Name of the State* State regulations concerning these children.
3. I, under penalty of perjury, certify that I am not a convicted felon, nor under suspicion of committing a felony, in the State of *Name of the State* or in any other state or principality.
4. I understand that I cannot use the photographs or any representation of these photographs for any other purpose, to include, but not limited to, advertising, portfolios, web sites or displays.
5. I understand that I must keep confidential any information that I might learn of these children, including such information as current residence, date of birth, last name, school, or any other identifying information.
6. I understand that *Name of the gallery* and/or any representative or contractor of *Associated state agency (if any)* may use the photographs I have taken, without further permission from me, for any use deemed appropriate by the aforementioned entities. I understand that, where possible and feasible, I will be given credit for the photographs I have taken.
7. I understand that I cannot hold *Name of the gallery*, or any representative or contractor of *Associated state agency (if any)*, liable for any accident or injury to me or to my property or to my business that might occur while photographing the child(ren), or as a result of publication or display of the finished portrait(s).
8. I understand that my agreement to photograph above-mentioned child(ren) is also an agreement to take photographs that, to the best of my ability, highlight the child(ren), fully understanding that the purpose of these photographs is to enable “heart connections” to be made with prospective adoptive/foster families. I agree that if a choice must be made between highlighting my artistic skills, and highlighting a child’s personality, I will choose to highlight the child’s personality.
9. I understand that given the nature of this endeavor, I am given no guarantee that my photograph(s) will be displayed. I understand that there are reasons beyond my control for which a photograph might not be displayed, to include adoption before release of the photographs, or a change in the child’s status.

10. I understand that I must not photograph any other children who might accompany the designated child(ren) during the photo shoot, as they may be foster children who do not have a media release to be photographed.

11. I understand that *Name of the gallery* may edit the photograph(s) for sizing, lighting, contrast, and other reasons, as deemed appropriate by *Name of the gallery* personnel, without further permission from me.

12. I understand that if I choose to write a short paragraph about my experiences with the child(ren) as a supplement to the photograph(s), I am turning over the rights of publication of those words to *Name of the gallery*, to be edited, as deemed appropriate, to best highlight and protect the child(ren).

Photographer's signature _____ Date: _____

Studio Name: _____ Phone: _____

Studio Address: _____

Email Address: _____

Name of the gallery

STATEMENT OF NON-DISCLOSURE

I understand by virtue of my affiliation/employment/volunteer work with *Name of the gallery*, I may have access to records on various media which contain individually identifiable information on foster children, the disclosure of which is prohibited by either state or federal law. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized individual could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates *Name of the gallery's* policy and, could constitute just cause for disciplinary action including termination of my employment/affiliation/volunteer efforts regardless of whether criminal or civil penalties are imposed. I also agree to immediately return to *Name of the gallery* any materials/media which contain identifying information on foster children.

Print Name _____

Signature _____

Date _____

Thank you for your interest in *Name of the Heart Gallery*.

Questions? Please call us *Phone number* or email us at *azheartgallery@gmail.com*

Please return this form to: *Name, address*