

# ZYNDROME SURF COMPANY

## PHOTO RELEASE FORM

I, \_\_\_\_\_, do hereby consent and agree that Zyndrome Surf Company, its employees or agents have the rights to exhibit this work in print and electronic and to use these in any and all media, now or hereafter known, and/or exclusively for the purpose of the 2009 PHOTO COMPETITION. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to ZYNDROME SURF COMPANY, its agents, and employees all rights and privileges to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for the used of my work, either for initial or subsequent use.

I also understand that ZYNDROME SURF COMPANY, its agents, and employees are not responsible for any expense or liability incurred as a result of my participation in the 2009 PHOTO COMPETITION including but limited to medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Electronic Mail (E-mail): \_\_\_\_\_

Signature: \_\_\_\_\_