

2024 Lewis and Clark Trail Heritage Foundation (LCTHF)  
**Photo Contest Form**

|                 |  |
|-----------------|--|
| Name:           |  |
| Email:          |  |
| Phone Number:   |  |
| Street Address: |  |
| City:           |  |
| State:          |  |
| Zip Code:       |  |

Title of Photograph:

Category:

Location:

Date Expedition was there:

Title of Photograph:

Category:

Location:

Date Expedition was there:

Title of Photograph:

Category:

Location:

Date Expedition was there:

Submit all forms and photos via email to [director@lewisandclark.org](mailto:director@lewisandclark.org) or mailed to  
LCTHF - Attn: Photo Contest – PO BOX 3434 – Great Falls, MT 59403

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Publicity Release/Permission to Reprint

By signing/typing my name below, I hereby grant the Lewis and Clark Trail Heritage Foundation (LCTHF) the right to use this photo entry for advertising and promotion, or any other use in any medium for any purpose of LCTHF. I hold LCTHF harmless from any and all liability that might arise out of or result from the foregoing use. My entry signifies that I will abide by all rules, including that I will provide my true signature if my photo is selected.

Model Release

By signing/typing my name below, I hereby grant the Lewis and Clark Trail Heritage Foundation (LCTHF) the right to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of LCTHF and will not be returned, unless requested. I hereby irrevocably authorize LCTHF to edit, alter, copy, exhibit, publish and distribute this photo for purposes of publicizing LCTHF's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge LCTHF from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

*\*PLEASE INCLUDE A SIGNATURE FOR EVERY RECOGNIZABLE PERSON IN THE PHOTO\* e-signatures not accepted*

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Parental Signature, if under 18:

Date: