

**Contemporary Pediatrics  
CALL FOR PHOTOS CONTEST**

- - - - - Entry Form - - - - -

**PLEASE NOTE: Only submissions with completed forms attached will be accepted. All entries must be received by November 30, 2008.**

Enter via email by sending an email to [buildingblocks@advanstar.com](mailto:buildingblocks@advanstar.com) or mail your entry to the address below. Use fax number below for signed forms to accompany your email entry.

Participant Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

“I have read and complied with the contest rules. If my photo is chosen for publication I give my consent for its use by *Contemporary Pediatrics* in any way related to the publicity of *Contemporary Pediatrics* for internal or external purposes”.

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

Please write a brief summary (up to 500 words) about your photo(s). (May use additional sheets)

Please submit the License Agreement forms found on the following pages for each photo submitted.

**If submitting a group photo, each subject is required to complete a license agreement.** (If subject is deceased or a minor, a relative may sign)



**Contemporary Pediatrics CALL FOR PHOTOS**

123 Tice Boulevard, Suite 300, Woodcliff Lake, NJ 07677, 201-690-5300, Fax: 201-690-5410

# License Agreement

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**NO CHANGES OR HANDWRITTEN ALTERATIONS WILL BE ACCEPTED.**

Editors: Retain copy for your records. Send original to Duluth office Attn: Freelancer Administration.

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The undersigned has executed this License on the date set forth below.

Signature Note: (Must be signed by owner of the copyright in the Material –Payment will be made only to person/entity signing)

**If an individual:**

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

Legibly Print Legal Name: \_\_\_\_\_ If Paid: Social Security #: \_\_\_\_\_

If Paid; Address: \_\_\_\_\_

**If a company/partnership, etc.:**

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

Print Name & Title: \_\_\_\_\_

If Paid: Social Security #: \_\_\_\_\_

Print Company Name: \_\_\_\_\_ If Paid: Federal Tax #: \_\_\_\_\_

If Paid: Address: \_\_\_\_\_

**Optional for Company/Partnership entity only:** (PRINT NAME) \_\_\_\_\_

If a Company or Partnership writes in an employee's name in the line above, this License and the rights granted Advanstar herein shall be limited to Material authored by such employee.



Advanstar Communications 123 Tice Boulevard Suite 300 Woodcliff Lake, NJ 07677

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**MINOR RELEASE**

In consideration of the submitted photograph of the minor named below, and for other good and valuable consideration herein acknowledged as received, upon the term hereinafter stated, I hereby grant to Advanstar Communications Inc (ACI), its legal representatives and assigns, those for whom ACI is acting, and those acting with its authority and permission, the absolute right and permission to use, reuse, publish, and republish submitted photographs of the minor in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive the right that I or the minor may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use in which it may be applied.

I hereby release, discharge, and agree to save harmless and defend ACI, its legal representatives or assigns, and all persons acting under ACI's permission or authority or those for whom ACI is acting, from any liability by virtue of any blurring, distorting, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the photograph, as well as any publication thereof, including without limitation any claims for libel or violation of any right of publicity or privacy.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER, MOTHER, GUARDIAN

\_\_\_\_\_  
MINOR'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
MINOR'S NAME

\_\_\_\_\_  
WITNESS