



2024 AEHS AMATEUR PHOTOGRAPHY CONTEST

OFFICIAL ENTRY FORM

FULL NAME: _____

PREFERRED NAME AS YOU WOULD LIKE IT TO APPEAR IN PUBLICATIONS (IF DIFFERENT):

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHOTOGRAPH TITLES (MAXIMUM OF 3 PHOTOGRAPHS)

#1) _____

#2) _____

#3) _____

DECLARATION

*I confirm that I am a member in good standing of AEHS. I agree to abide by the “**AEHS Amateur Photography Contest Rules**” as set forth by AEHS. I also agree that AEHS officers & directors shall not be liable, without limitations, for any claims based on publicity rights, defamation, or invasion of privacy. I further certify that all information I have provided to the AEHS photography contest is true & correct.*

SIGNATURE: _____ DATE: _____

If the submission is by a minor, this entry form needs to be signed by a parent or legal guardian to indicate that the parent/guardian consents.

NAME: _____

Name of parent or guardian

SIGNATURE: _____

Signature of parent or guardian