

ARIZONA HEART GALLERY

Thank you for volunteering to be a photographer for The Arizona Heart Gallery.
Please read the second page of this document carefully, filling in all blanks and mail
to:

Arizona Heart Gallery
Attn: Marie Conti
P.O. Box 36538
Tucson, AZ 85740-6538

Please keep a photocopy for your own records.
For questions call 520-229-0746
or email at azheartgallery@gmail.com

ARIZONA HEART GALLERY Photographer's Statement of Agreement

I, _____ (print name), the undersigned, as a photographer for The Arizona Heart Gallery (designated as AHG), hereby agree to the following statements:

1. I understand that I am providing a charitable service to AHG 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 Arizona 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 Arizona 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 AHG and/or any representative or contractor of Arizona Department of Economic Security (DES) 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 AHG, or any representative or contractor of Arizona DES, 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 AHG may edit the photograph(s) for sizing, lighting, contrast, and other reasons, as deemed appropriate by AHG 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 AHG, to be edited, as deemed appropriate, to best highlight and protect the child(ren).

I understand that all items on this agreement shall be forever binding.

Photographer's signature _____ Date: _____

Studio Name: _____ Phone: _____

Studio Address: _____