

NATIONAL WILDLIFE FEDERATION®  
RELEASE FORM



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**Last Name of Photographer** **First Name** **Initial**

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**Street Address of Photographer** **City** **State** **Zip**

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**Phone / E-mail**

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**Description of the Image(s)**

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**Date**

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**Your Signature** (or, if you are a minor, your Parent or Legal Guardian's signature \*)  
(\*Please print the last and first names of the parent or legal guardian in the space provided.  
The parent with legal custody of minor must sign if parents are divorced or separated.)

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Please email photos to \_\_\_\_\_ Please mail completed image release form to **National Wildlife Federation,**  
c/o \_\_\_\_\_ **11100 Wildlife Center Dr., Reston VA 20190-5362**