



San Francisco WORLD BREASTFEEDING WEEK PHOTO CONTEST



Two entries from each category will be chosen to attend a World Breastfeeding Week celebration and reception at SF City Hall on August 1st and will be given the chance to win one of three grand prizes!

BREASTFEEDING OUTDOORS

TANDEM BREASTFEEDING

BRELFIE
(aka breastfeeding selfie)

WORKING MOM

NURSING TODDLER

HUMOUROUS



Submission Deadline:
June 30, 2017



Send photos (JPEG format, minimum 2 megapixels) and signed consent form by email to: angel.nguyen@sfdph.org

CONTEST RULES

1. Persons entering must live or work in San Francisco.
2. The photo must belong to the person entering the contest.
3. All photos must be original and contain no copyrighted material.
4. All entries become the sole property of the City and County of San Francisco Department of Public Health for education and promotion of breastfeeding including their use in printed materials.

Presented by the San Francisco Department of Public Health Lactation Collaborative



World Breastfeeding Week Photography Contest 2017 PHOTOGRAPHY CONSENT & RELEASE FORM

I, _____, hereby give my consent to the City and County of San Francisco, Department of Public Health (hereinafter referred to as "SFDPH") to use the photographs that I am submitting to the World Breastfeeding Week 2017 Photography Contest for purposes including, but not limited to, promotional materials, publication (brochures, report, calendar) for breastfeeding education and promotion.

- 1) I understand participation in this photography contest is voluntary but this consent and release is required for participation in the photography contest.
- 2) I understand that all photographs submitted are the property of SFDPH for use in the promotion of breastfeeding and may be published or edited without limit to obligation to the author.
- 3) I understand that I may revoke my authorization at any time, but the termination is effective from the date forward and not retroactively. Once the photograph is released through this authorization, I understand that SFDPH may not be able to stop others (including the public) from viewing the photography in the future even if and after I revoke my authorization.
- 4) I understand that I will not be compensated for the use or disclosure of my photography.
- 5) I acknowledge that all photographs are originals and contain no copyrighted material.

I hereby release SFDPH, its officers, agents, employees, and subcontractors, from any and all claims of liability, including any and all claims for libel and invasion of privacy, now known or unknown arising out of or in any way connected with the submission of my photograph and/or arising out of SFDPH's ultimate use or non-use of my image.

I am at least 18 years of age and am competent to contract in my own name. I have read this consent and release before signing below and fully understand the content and meaning.

Signature: _____ Date: _____

Address: _____

Telephone number: _____

I am the parent or legal guardian of the individual depicted in this photograph and I hereby give consent on my own behalf and on behalf of such individual in accordance with the statements above.

Signature of parent/guardian: _____

Name of the child: _____

Address: _____

Telephone number: _____



KATY TANG
DISTRICT 4 SUPERVISOR

