

# NCN-North Campground Photo Release Form

N8390 US Highway 12  
Black River Falls WI 54615

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**First Name**

**Last Name**

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**Address**

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**City**

**State**

**Zip Code**

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**Telephone**

**Email Address**

I certify that I am 18 years of age or older, and have provided a government issued photo-id as proof of age.

I agree to grant to NCN-North, LLC., it's officers, staff, enrollees, guests and all other persons and entities which may sponsor, promote, operate, own or manage the event or the event site, the right to use, publish, and copyright my picture, voice, and/or moving image for advertising and/or promotional use.

I understand that this right includes the right to combine my picture, voice, and/or moving image with others and the right to alter any of these for the purposes described above.

I agree to release to NCN-North, LLC., it's officers, staff, enrollees, guests and all other persons and entities which may sponsor, promote, operate, own or manage the event or the event site, from any liability claims and costs of whatever kind that occur in connection with my actions while being photographed or recorded during the event.

**I certify that I have read and fully understand the above provisions and have not signed this form in reliance on any statements or representations that are not set forth herein.**

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**Name**

**Date**