



**COMMONWEALTH OF KENTUCKY**  
**TOURISM, ARTS, AND HERITAGE CABINET**  
**PERMISSION FOR RIGHT OF USE OF PHOTOGRAPH**

**Kentucky Heritage Council**  
**300 Washington Street**  
**Frankfort, Kentucky 40601**

**(502) 564-7005 office**  
**(502) 564-5820 facsimile**  
**[www.heritage.ky.gov](http://www.heritage.ky.gov)**

**Subject:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

I grant to the Kentucky Heritage Council, an agency of the Commonwealth of Kentucky, Tourism, Arts, and Heritage Cabinet, its representatives, agents, and employees, the right to take and/or use photographs of me and my property in connection with the above-identified subject. I authorize the Kentucky Heritage Council, its assigns and transferees to use and publish the same in print and/or electronically.

You grant the Kentucky Heritage Council a royalty-free, nonexclusive right, in perpetuity, the following use of your photograph, to include, but not limited to:

- Use the photograph on the Internet in support of our mission.
- Use the photograph in KHS's non-commercial communications.
- Provide your photograph to other individuals and organizations for non-commercial use, related use in news stories, newsletters, reports, slide shows, displays, web pages, and the like.
- Use, in connection with the Photo Contest, your name, city, state and country of residence in promotions and other publications.
- Keep the files provided, and to archive the images on CD or in other electronic forms, so that your photos can be used to support our mission and be properly credited.

I agree that the Kentucky Heritage Council may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Photos or personal information will not be sold to any third party.

**By signing this Permission for Right of Use, I acknowledge that I have read, understand, and accept all of the above.**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature, parent or guardian: \_\_\_\_\_  
(If under age 18)