2026 NAU COUNTRY CALENDAR PHOTOGRAPH & PUBLIC RELEASE FORM



١,	, give my permission as photographer, or authorized submitter to NAU Country		
ln	surance Company to use my submitted photograph(s) for use in the 2026 NAU Country Photo Calendar and any advertising or		
m	nultimedia use. I authorize NAU Country Insurance Company to edit, alter, copy, exhibit, publish, or distribute these photos for the		
	urpose of publicizing its program. I understand advertising could include social media, websites, and printed calendars without		
	ayment or other considerations. Photographs within the calendar will be displayed with the photographer's first and last name, county,		
dl	nd state for printed recognition.		
	release NAU Country Insurance Company and employees from liability for violation for any person or proprietary right I may have in connection with such use.		
Photographer and/or submitter will be contacted by email if selected to be in the calendar.			
	Check here if you are submitting on behalf of the photographer of the photo. Then, please enter YOUR contact information below:		
Sı	ubmitter (if different from photographer) Name.		

Check here if you are submitting on behalf of the photographer of the photo. Then, ple	
Submitter (if different from photographer) Name:	
Submitter Email:	
Photographer's Name:	
Photographer's Email:	
County/State photo was taken:	
Photographer's Signature: Date	ite:

