

I HERPETO CAPIXABA'S PHOTOGRAPHY CONTEST II HERPETORAMA – 1ST TO 4TH OF OCTOBER 2020





I PHOTOGRAPHY CONTEST - II HERPETORAMA - 2020

ENROLLMENT FORM

This form must be filled out and sent to the email <u>herpetorama@gmail.com</u> with the subject as PHOTOGRAPHY CONTEST. After the enrollment validation, a confirmation email will be sent with up to 5 business days to each candidate.

Full Name:

ID Number:

CPF Number (if applicable):

Address:

Institution (if applicable):

Registration Number (if applicable):

Academic Degree (if applicable):

Email:

Instagram:

Category(ies):

How many photographs are attached?

Signature:

Full Name and ID: _____



I HERPETO CAPIXABA'S PHOTOGRAPHY CONTEST II HERPETORAMA – 1ST TO 4TH OF OCTOBER 2020



Consent Form for Image Use

I, (name)						,
(nationality)			_, (n	narital	sta	tus)
,				(p	rofessi	ion)
	, regis	tered	under	the	CPF	n°
and ID				, AU ⁻	THORI	ZE,
with no claim of profit the use of my dona	ated PH	OTOGR	APH(S)	to the	scien	tific
promotion of the Herpeto Capixaba, with	my per	mission	in any	and a	all sor	t of
material among photos, videos, documents and other means of communication with						
the proper copyright to be used in promotional campaigns, institutional means and						
events from the Herpeto Capixaba's project.						
This authorization is granted free of charge, including the use of images mentioned						
above in all Brazilian territory as well as in	Iternation	nal, in a	ll the ca	itegorie	es and	no
limit of time or number of times used.						
For this being the expression of my will the	nat I aut	horize t	he use o	of the	descri	bed

above without anything to be claimed for the rights related to my image or any other, I sign this authorization.

(Place and Date)_____

(Signature)_____