



2017 KOTA Photo Contest
*Occupational Therapy:
Celebrating Our Centennial*

Photo Submission Form

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Title of Photo: _____

Location Photo was Taken: _____

Names of Individual(s) in Photo: _____

I have included a Photograph Release Form for each of the individuals included in the photo.

By signature below, I hereby grant permission for the Kansas Occupational Therapy Association (KOTA) to use my image in both digital and print formats for official business of the association, including but not limited to: advertising, publications, education, news releases, creative endeavors and posting on the official association website at www.kotaonline.org. I confirm that I am the copyright holder and creator of the image and that I will be responsible for any claims by any third party.

This also certifies images taken for the Kansas Occupational Therapy Association (KOTA) Photo Contest will become the property of the KOTA. Images will be used for official association business only and will not be reproduced by the association for personal use.

Name (please print) _____

Signature _____ Date _____

Send Photo Contest Entry, including: Photograph, Photograph Submission Form, and any Photograph Release Forms to the KOTA office via email at elsie@kotaonline.org