



The Michigan
Heart Gallery

2011 Volunteer Photographer Registration

Complete the 2011 Registration Form, and return to the MARE office by August 15, 2010.

Email: Sheila_boardman@judsoncenter.org

FAX: (734) 528-1695

Mail: PO Box 980789, Ypsilanti, MI 48197

First name _____ Last name _____

Business: _____

Photographer Type: Professional – Full Time Professional – Part Time Amateur

Day Phone # _____ Evening Phone # _____

Email address: _____

Mailing address: _____ City _____ Zip _____

- Affiliations:
- Professional Photographers of America
 - Professional Photographers of Michigan
 - American Society of Media Photographers (ASMP)
 - National Press Photographers Association (NPPA)

Number of children you are willing to photograph:

- 1 2 3 4 Any child that needs a photograph in my region!

How far is this child able to travel to photograph a waiting child? Check all that apply:

- Photo shoot must be done at my studio
- Photo shoot must be done in my zip code
- Will travel up to 10 miles
- Will travel up to 25 miles
- Will travel where necessary

Additional Travel Information:

Are you willing to photograph a sibling group? YES NO

Are you willing to travel to a residential home to photograph multiple children? YES NO

Any Additional Information:

Michigan Heart Gallery Photographer's Statement of Agreement

Complete the Statement of Agreement, and return to the MARE office by August 15, 2010.

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I, _____ (print name), the undersigned, as a photographer for the Michigan Heart Gallery hereby agree to the following statements:

1. I understand that I am providing a charitable service to the Michigan Heart Gallery for the purpose of photographing children who are in need of adoptive families. I understand that I will not be financially compensated for this service.
2. I understand that I agree to be in compliance with all Michigan State regulations concerning the children involved.
3. I, under penalty of perjury, certify that I am not a convicted felon, nor under suspicion of committing a felony in the United States or in any other principality.
4. I understand that I cannot use the photographs or any representation of these photographs for any other business or personal purpose or otherwise; including for advertising, portfolios, websites and display.
5. I understand that I must keep confidential any information that I might learn of these children; including such information as residence, date of birth, last name, school, or any other known facts or details.
6. I understand that the Michigan Heart Gallery and/or any representative or contractor of the Michigan Adoption Resource Exchange may use the photographs I have taken without further permission from me, for any use deemed appropriate by the aforementioned entities. I understand that, where possible and feasible, I will be given credit for the photographs I have taken.
7. I understand that I cannot hold the Michigan Heart Gallery or any representative or contractor of the Michigan Adoption Resource Exchange liable for any accident or injury to me or to my property that might occur while photographing these children.
8. I understand that my agreement to photograph children is also an agreement to create photographs that, to the best of my ability, highlight the children themselves, fully understanding that the purpose of these photographs is to enable "heart connections" to be made with prospective adoptive families. I agree that if a choice must be made between highlighting my artistic skills and highlighting a child's personality, I will choose to best represent the child.
9. I understand that given the nature of this endeavor, I am given no guarantee that my photographs will be displayed. I understand that there are reasons beyond control for which a photograph might not be displayed, such as adoption before release of the photographs or a change in the child's status.
10. I understand that I am expected to provide the Michigan Heart Gallery with 2-5 High Resolution .jpeg files for each portrait session I complete and within a period of not more than 30 days from the session.
11. I understand that I am expect to follow the timeline below:

TIMELINE:

1. Volunteer Registration and Contract submitted by August 15, 2010
2. Photo shoots must be completed by October 1, 2010
3. Photographers will be matched with assignments by August 27, 2010
4. Photographs will be due by October 31, 2010

I understand that this agreement shall be forever binding.

Date _____

Photographer's Name _____

Photographer's Signature _____



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Photo Release

Complete the Photo Release, and return to the MARE office by August 15, 2010.

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I, _____ (Photographer's Name), hereby assign The Michigan Heart Gallery (MI Heart) and the Michigan Adoption Resource Exchange (M.A.R.E) permission to use the photograph of _____ (the child/children), originally taken for The Michigan Heart Gallery, for any non-commercial use including, but not limited to, publication to aid in finding the child an adoptive family as well as general adoption promotion.

I also agree not to use, sell, or release photographs of the child/children for any commercial use including, but not limited to, stock photography sales and advertisements.

This permission is granted without restriction. I agree to hold harmless MI Heart / M.A.R.E from any claim, lawsuit, or future liability concerning this photograph or any use thereof.

Signature

Name (Printed)

Date



The Michigan
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Tell Your Story!

Please take a moment to share with us your impressions of the child(ren) you photographed and the experience you shared. This will assist us in writing a brief story about the child that will accompany his/her portrait. Feel free to use the back or additional pages if you would like to share more! Thank you so much for your help!

Photographer's Name

Child(ren)'s Name

What was your first impression of this child? How did this change as you spent more time with him/her?

Describe each child you photographed using 10 words or less (i.e. playful, easygoing, inquisitive, etc.)

What did you learn about the child(ren) during the course of the photo shoot? (Likes, dislikes, goals, personality traits, etc.)

Please share any additional information, comments, or stories about the time you spent together.

Return this form to the Michigan Adoption Resource Exchange – Attn: Sheila Boardman
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