



Photographer's **Statement of Agreement**

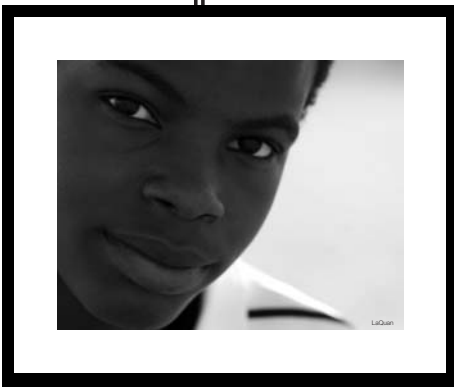
I, _____, the undersigned, as a photographer for Heart Gallery of North Florida hereby agree to the following statements:

1. I understand that I am providing a charitable service to Heart Gallery of North Florida for the purpose of photographing children who are in need of adoptive families. I understand I will not be financially compensated for this service.
2. I understand that I agree to be in compliance with all Florida regulations concerning these children.
3. I, under penalty of perjury, certify that I am not a convicted felon, nor under suspicion of committing a felony, in the State of Florida or in any other state or principality.
4. I understand that I cannot use the photographs or any representation of these photographs for any other purpose, to include advertising, portfolios, web sites or displays.
5. I understand that I must keep confidential any information that I might learn of these children, including such information as current residence, date of birth, last name, school, or any other identifying information.
6. I understand that Heart Gallery of North Florida and/or any representative or contractor of Family Support Services of North Florida 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 Heart Gallery of North Florida, or any representative or contractor of Family Support Services of North Florida liable for any accident or injury to me or to my property that might occur while photographing the children.
8. I understand that my agreement to photograph above-mentioned children is also an agreement to take 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 highlight the child's personality.
9. I understand that given the nature of this endeavor, I am given no guarantee that my photograph(s) will be displayed. I understand that there are reasons beyond my control for which a photograph might not be displayed, to include adoption before release of the photographs, or a change in the child's status.

I understand that this agreement shall be forever binding.

X _____ Date: ____/____/____

Photographer's Participation Form



PLEASE PRINT CLEARLY

I. Photographer's Information:

Name: _____

Photo credit to be printed on your image:

Either your name OR your business name is acceptable, please limit to 35 characters, no ".com's", please.

Address: _____

City: _____ State: FL Zip: _____

Cell Phone: (_____) _____ Secondary Phone: (_____) _____

Email (PLEASE PRINT CLEARLY): _____

Most information will be via email.

Photography Website: _____

II. Photo Shoot Location/Special Needs:

At my studio.

Studio address, if different from above: _____

City: _____ State: FL Zip: _____

OR

I'm willing to travel to a location. I'll be traveling from: _____

Ex: Beaches, Nassau County, Southside, etc. We match children to photographers based on proximity.

I'm comfortable photographing special needs children.
(Medical and/or emotional.)

Please submit participation & photo release forms to:

kklucha@comcast.net or fax to (904) 230-0433

Thank you for supporting adoption and the Heart Gallery of North Florida!

Photography Specs



- ♥ High-resolution .JPEG file required for final print. 300 dpi or higher.
PORTRAIT SIZES:

Horizontal: Image size: 18" x 14" — Frame size: 24" x 20"

Vertical: Image size: 14" x 18" — Frame size: 20" x 24"

Square: Image size: 14" x 14" — Frame size: 20" x 20"

- ♥ Please include at least one shot that is face forward for the the child's biographical card. A full frontal photograph is also required for the state's listing. If you are photographing siblings, please photograph as a group and include at least one headshot of each child individually.
- ♥ As a professional, you are encouraged to photograph in your preferred style and format (i.e. black and white, upshot, special lighting, etc.).
- ♥ Photos are required to be received within 7-10 days following the photo session.
- ♥ FTP to YouSendIt.com (free) or mail a CD to: Carolyn Klucha, Heart Gallery Coordinator
468 N. Bridgestone Ave., Jacksonville, FL 32259.
If images are under 10 mb, you may email to cklucha@comcast.net
- ♥ Please include the child(ren) names on your files as well as how you would like your photo credit to read.
- ♥ Please select three or four of the best shots and only send those.
Many caseworkers provide "life books" for the children. If you would like to donate a copy of the photos to the child, please copy them onto a CD and mail it to the above address. We will ensure that the child receives it and he or she will greatly appreciate it.

A FEW THINGS TO CONSIDER:

Use a good background (please be aware of unintended background items such as parked cars, people walking by, or surfaces not intended such as iron gates, tree trunks that seem as if they are growing out of heads, etc.)

Use professional lighting when needed and appropriate;

Props are okay if it represents the child's personality and interests;

Feel free to set the child in an environment—for example, lying on the grass looking up reading a book with one leg crossed over the other; flying a kite; working out; in a uniform of some sort.

Be aware of the child's clothing and appearance — no graphic t-shirts. If they have one on, photograph or crop above it.



UPDATED: APRIL 2009

Thank you for support.