



Customer Name

Date

WALGREENS CUSTOMER COPYRIGHT DECLARATION FORM

I understand that making copies of photographs must be authorized by the photographer, or fall within certain limited exceptions. I make the following statements concerning my request for copies of the accompanying film, print, slide, movie, artwork, CD ROM, disk or other material (all referred to in this document as the "photos"):

1. _____I AM THE PHOTOGRAPHER, OR HAVE RECEIVED SUCH AUTHORIZATION. (Does not

apply where the photo is marked as a professional photo, or altered.)

2. _____ THE COPY REQUEST IS FOR PERSONAL USE AND HAS SPECIAL CIRCUMSTANCES:

Describe below the special circumstances which indicate the photographer is unlikely to object to the copying.

Insert the approximate age of the photo

The original print is damaged and I want the print restored.

The photographer is unknown or cannot be located.

_____ All reasonable efforts have been made to contact the photographer to obtain permission.

Describe the effort made to contact the photographer.

_____ Asked for name of city where photo was taken.

Checked telephone book.

Called PPA Locator service (800-786-6277).

Other: Describe.

3.

_ THE COPY REQUEST IS FOR A "FAIR USE":

There is no automatic "fair use." This request must be evaluated after considering all of the circumstances. Describe all of the circumstances. Among those to consider are:

- a. Use for criticism, comment, news reporting, teaching, scholarship or research. (Circle all that apply.)
- b. Whether the use is for commercial or non-commercial purposes.
- c. The amount or portion of the photo being copied.
- d. The number of copies requested.
- e. The impact of the copies on the photographer's potential resale market.
- f. Whether the copy serves the same function as the original.

Describe the intended use:

Customer agrees to pay the charges for processing and/or printing the photos, and to indemnify and hold harmless (Walgreens Store #) ______ and its agents for all liability, damages and expenses (including reasonable actual attorney fees) it may incur as a result of its processing and/or printing the photos, including any claims brought by any other person claiming an interest in the photos or in their subject matter.

Customer:	
Address:	
Telephone Number:	
Accepted By:	
(St	tore Signature)

WALGREENS PHOTO LAB TO KEEP THIS FORM FOR 2 YEARS AFTER PROCESSING