Delicious Memories Food Blog Collection Form

Name:	
Address:	
Phone:	E-mail:
Date of Birth	Place of Birth
Using the space below, please share your fo	od story. Please submit photographs separately.
AGREEM	ENT OF CONSENT
I agree to participate in this project. I am aware the Society office, and I acknowledge that as I enter is submit. The materials I have contributed to this project an entry to <i>Delicious Memories</i> constitutes an a Jewish Historical Society of Greater Hartford to dispand all information and images shared with the Society materials. The Society has the right to this agreement acknowledges that the recipe is to the has been noted, and any accompanying photographs in the piece have given their consent to the subacknowledges that not all submitted content or image omitted for any reason but may include purposes	at my submission will be kept on file at the Jewish Historical into this agreement I have all rights to any photographs that I ect may be edited for use by researchers and others. Submission greement on the part of the entrant granting permission to the play entries including entrant's name, recipe, recipe description, ciety on the JHSGH website, on social media, in print, and in o produce reprinted images and content in any format. Signing the best of your knowledge your own or that the original source are your own, original work, and that the subject(s) mentioned abmission of this content and imagery. Further, the entrant tes may be chosen and used by the Society. Submissions may be so of length, duplication of or similar content and/or time of s, as supplied by the entrant are not the liability of the Jewish
Signature:	Date: