



PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE
FOR MINORS

NAME OF PARTICIPANT: _____
(Last) (First) (Middle)

NAME OF PARENT/GUARDIAN: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: (_____) _____ E-mail: _____

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by (council name) _____, its assignees or successors, and Girl Scouts of the USA in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of the council, and they shall have the right to, duplicate, reproduce, and make other uses of such photographs, films, recordings, files, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____
this _____ day of _____, 2____.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

NOTE: To fill in this form, open the file as a PDF, go to Tools, and click on "Typewriter tool." This will enable you to type directly on the document. Or print the file and fill out by hand in black ink. Parent or Guardian should sign the printed file and the final document should be scanned and saved as a .pdf, .jpg, or .gif file and returned to the girl's leader/advisor. Thank you!