**BITTERROOT VALLEY MILITARY PROGRAM**

**PHOTO FILM RELEASE**

Date (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME OF PARTICIPANT (Last, First)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Bitterroot Valley Military Program participants may encounter the news media, video and film crews, or photographers hired by the Bitterroot Valley Military Program for the purpose of taking promotional or publicity photographs, videos, or films. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Bitterroot Valley Military Program or the American Legion, or any entity or person authorized or designated by them, to use and reproduce all photographs, video, or film taken of the person named as the subject of this application during Bitterroot Valley Military Program training or related activities. I understand there will be no compensation for me. All negative and positives, together with said prints, video or film, or digital files, are the property of the Bitterroot Valley Military Program or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video, film, or digital file taken during said training or related activities. I affirmatively release and discharge the Bitterroot Valley Military Program from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, videos, or films taken of your child while a participant in the Bitterroot Valley Military Program.

* I hereby agree with the above stated Photo/Video/Film Release

Mother/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**PERMISSION & WAIVER**

I/We, the undersigned, do hereby certify that I/We have read and fully understand the attached release and waiver; that I/We have fully consented to such release and waiver; and expressly give this minor permission to participate in the Bitterroot Valley Military Program. Furthermore, I/We certify that this application is complete, correct, and true to the best of our knowledge.

Mother/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_