

**THE ADVANTAGE MIDWIFERY/BIRTH IN PLACE GIRL SCOUT PATCH
PHOTO RELEASE FORM**

I hereby grant the ADVANTAGE MIDWIFERY/BIRTH IN PLACE GIRL SCOUT PATCH permission to use my child's likeness or my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of ADVANTAGE MIDWIFERY/BIRTH IN PLACE GIRL SCOUT PATCH and will not be returned.

I hereby authorize ADVANTAGE MIDWIFERY/BIRTH IN PLACE GIRL SCOUT PATCH to edit, copy, exhibit, publish, or distribute these photos for any lawful purpose related to the BIRTH IN PLACE GIRL SCOUT PATCH. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness or my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge ADVANTAGE MIDWIFERY/BIRTH IN PLACE GIRL SCOUT PATCH from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name of Scout

Scout's Signature

Date

If under 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM:

Parent or Legal Guardian

Date