



Full Name of Girl Scout \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Troop Leader Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Troop Number \_\_\_\_\_ Date of Workshop \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please add me to your mailing list!

**PHOTO CONSENT FOR MARKETING**

Being mindful of the safety of all the Minors and the privacy of all individuals who participate, Verve Studios, LLC would like to obtain your permission to post or print images of our events that may contain images of your child. Verve Studios, LLC does NOT identify individual participants by name or tag in marketing. The troop number/level may be used. Please sign and date the level of consent you agree to below.

**Select one of these three options:**

I agree that Verve Studios, LLC. may use such photographs of the Participant for any lawful purpose, including for example such purposes as publicity, marketing, advertising, Web content *and* social media. No names will be used.

or

I agree that Verve Studios, LLC. may use such photographs of the Participant for promotion of Girl Scout badge activities, but do not give social media consent. I understand that parts of my child's, hand, leg, back of head etc. may be in photos and will not be removed. No names will be used.

or

*I do not give permission* to publish such photographs of the Participant for promotion of any kind. I understand that parts of my child's, hand, leg, back of head etc. may be in photos and will not be removed.

**HEALTH CHECK FOR IN STUDIO PARTICIPATION**

**Has the household been Covid-19 free for the 14 days prior to the workshop?** \_\_\_\_\_

By enrolling, you consent to current Verve Studios safety measures (hand washing, temp checks, masks, vaccination required for all adults), committing to keeping the studio Covid-19 free and current GSACP safety measures (2 of 3: masking, distancing, outdoors).

**Covid-19 Vaccination Status:**

\_\_\_\_\_ Fully vaccinated. Second dose date: \_\_\_\_\_

\_\_\_\_\_ Partially vaccinated. Second dose scheduled for: \_\_\_\_\_.

\_\_\_\_\_ Not yet vaccinated. (MASKS REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_