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## MEDIA RELEASE NAME, PICTURE, QUOTATION, RECORDING

DATE(S):
PHOTOGRAPHER/PRODUCER:
ASSIGNMENT:
COUNCIL (If applicable):
LOCATION:
ACTIVITY:

## MEDIA RELEASE FOR MINORS

I, being Parent/Guardian of \_\_\_\_\_\_, hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film, and/or electronic images for which she posed, and/or audio recordings made of her voice or quotations by her may be used by Girl Scouts of the U.S.A. and Girl Scouts of Connecticut and their assigns or successors to promote Girl Scouting by means that include print, television, and web; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their sole property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, tapes, and software free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of \_\_\_\_\_\_, on this day

NAME OF MINOR		
SIGNATURE OF PARENT/GUARDIAN		
ADDRESS		
CITY	STATE	ZIP

## MEDIA RELEASE FOR ADULTS

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film, and/or electronic images in which I appear, and/or audio recording made of my voice or quotations by me may be used by Girl Scouts of the U.S.A. and Girl Scouts of Connecticut and their assigns or successors to promote Girl Scouting by means that include print, television, and web; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and the plates, tapes, and/or software from which they are made shall be their sole property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of				
	PHONE NUMBER ()			
NAME (PRINT)_	EMAIL ADDRESS	-		
SIGNATURE		-		
ADDRESS				
CITY	STATE ZIP			
UPON RECEIPT, PLEASE SIGN AND RETURN TO THE GIRL SCOUT CONTACT AND ADDRESS INDICATED BELOW: Contact Girl Scouts of Connecticut,Service Center,				
Street	City, State, Zip			