Photo Release For Minors



Date(s):				
Photographer/Producer:				
Assignment:				
Location:				
Activity:				
For good and valuable consideration hereby consent and agree to the fold. I hereby grant to Girl Scouts on Ohio or on its behalf, and ea "releasee"), the irrevocable, redistribute, publish, exhibit, di reproduce or otherwise exploit of the same) (collectively, "mediate persons or entities deemed appedefamatory) including, without or commercial purposes in an devised) including, without lire television. I agree that I have no limitation, claims based upon ir any use, alteration, blurring, illustress and voice. I agree that Western Ohio to make any use and hold harmless releasees from arising from any activities authorized.	llowing: of Western Ohio, and of the orits respective like by alty-free, perpetual, gitize, broadcast, dispony name, picture, likendia"), or to refrain from ropriate by Girl Scouts limitation, any use for my manner or media would not compensation of privacy, defausionary effect or use in nothing in this release of the media or the right prize or the right provided by this release and controlled the release and controlled	thers working for censees, success unlimited right lay, modify, cre ess and voice (in so doing, anyway of Western Ohio educational, advertational, advertational, advertational, et, in print came not any of the median any of the median and not mation or right of any composite favill create any of this granted in this of, compensation and any use of the	or Girl Scouts of Woors and assigns (and permission to ate derivative work cluding any video for the world, for any purpose (cortising, non-comparts of the known or helpaigns, in-store a lia. I claim (including, world for my name, poligation on Girl Scott selease. I hereby to negligence results and selected by Girl Scott for media for medi	Vestern each a to use, rks of, rootage by any except mercial reafter nd via vithout gout of oicture, outs of release ting or outs of
Name of Minor (please print):				
Address:				
Daytime Phone Number: () Additiona	al Phone (optiona	al): ()	
Release for minors (those under th hereby consent to the foregoing co Name of Caregiver (please print): _	nditions and warrant th	at I have the aut	hority to give such	
Signature of Caregiver (Required):_				
Caregiver Email Address*:	ot be used for any other purp	<u> </u>	to third parties)	
Region:				

Please return the completed and signed release to your regional Girl Scout Center.

05-9000-02/2021

