

Media Release Form for Minors

This form **MUST BE COMPLETED** for special events. If a troop leader photographs an activity that she/he wishes to submit to the Council for print or electronic publication, a completed Media Release Form for each girl and adult pictured should accompany the submission. All completed forms must be sent to the Communications Department and must include the name, location, and date of the event. This form may be faxed to 212.645.4599.

Date: _____
Photographer/Producer: _____
Assignment: _____
Council (if appropriate): _____
Location: _____
Activity: _____

RELEASE FOR MINORS (those under the age of eighteen)

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Girl Scouts of the U.S.A. ("GSUSA"), and others working for GSUSA or on its behalf, and each of its respective licensees, successors, and assigns, the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, or otherwise exploit my name, picture, likeness, and voice, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised), anywhere in the world, by any persons or entities deemed appropriate by GSUSA, for any purpose including, without limitation, any use for educational, advertising, non-commercial, or commercial purposes.
2. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, illusionary effect, or use in any composite form of my name, picture, likeness, and voice. I hereby release and hold harmless GSUSA and any persons or entities acting on behalf of or at the direction of GSUSA, from any claim for injury, compensation, or negligence resulting or arising from any activities authorized by this Release.

Name of Minor: _____
Address: _____
City/State/Zip: _____
Telephone: _____

I, THE UNDERSIGNED, BEING A PARENT OR GUARDIAN OF THE MINOR, HEREBY CONSENT TO THE FOREGOING CONDITIONS AND WARRANT THAT I HAVE THE AUTHORITY TO GIVE SUCH CONSENT.

Name of Parent/Legal Guardian (please print): _____
Signature of Parent/Legal Guardian (required): _____
Date: _____
Parent/Legal Guardian email address* _____

**Will not be used for any other purposes or distributed to third parties.*

PLEASE RETURN COMPLETED AND SIGNED RELEASE TO THE COUNCIL.



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