girl scouts of greater mississippi

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE

NAME OF PARTICIPANT: _____
(Last) (First) (Middle)

NAME OF PARENT/GUARDIAN: _____

Address: _____

City: _____ State: _____Zip code: _____

Phone: (_____)_____ Email: _____

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by Girl Scouts of Greater Mississippi, its assignees or successors, and Girl Scouts of the USA in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of the council, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.
IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____ this _____ day of _____, 2_____.

SIGNATURE: _____DATE: _____
(Parent or Guardian)