

Adult Photo Permission Form

DATE(S): _____

PHOTOGRAPHER/PRODUCER: _____

ASSIGNMENT: _____

COUNCIL (IF APPROPRIATE): _____

LOCATION: _____

ACTIVITY: _____

RELEASE FOR ADULTS

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

1. I acknowledge that I am eighteen (18) years of age or older. 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, distributed, 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.

SIGNATURE: _____

NAME (please print): _____

DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: (____) _____

EMAIL ADDRESS*: _____ @ _____

*(*will not be used for any other purposes or distributed to third parties)*

PLEASE RETURN COMPLETED AND SIGNED RELEASE TO Girl Scouts of New Mexico Trails, Inc.