

Girl Scouts Louisiana East

Corporate Headquarters

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**Photo Release for Adults
For Girl Scout Membership Year**

(_____)

Fill in Membership Year

REMINDER: The completed form should be kept by the Leader in Troop’s file.

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 Louisiana East (GSLE), and others working for Girl Scouts Louisiana East or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Girl Scouts Louisiana East, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.
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 agree that nothing in this Release will create any obligation on Girl Scouts Louisiana East to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury; compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by Girl Scouts Louisiana East.

Signature _____ Date _____

Name (Please Print) _____

Home Address: _____

City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Additional Phone (optional): (_____) _____

Email Address*: _____ @ _____

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

Any revisions to the text of this Release must first be approved in writing by Girl Scouts Louisiana East prior to the activity in order for the changes to be effective.