

Adult Photo Release Form

Date(s): _____
Photographer/Producer: _____
Assignment: _____
Location: _____
Activity: _____

AN ADULT PHOTO RELEASE FORM must be completed for each adult who will be highlighted in a publication, article, or other media.

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 New Mexico Trails ("GSNMT"), and others working for GSNMT 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 GSNMT, for any purpose including, without limitation, any use for educational, advertising, non-commercial or commercial purposes.

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 GSNMT, and any persons or entities acting on behalf of or at the direction of GSNMT, from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release.

Name (please print): _____ Phone Number: _____
Address: _____ City & State: _____ Zip: _____

Signature (REQUIRED): _____ Date: _____

*Email Address: _____

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

Any revisions to the text of this Release must be approved in writing by GSNMT prior to the activity in order for the changes to be effective. PLEASE RETURN COMPLETED AND SIGNED RELEASE TO GSNMT COMMUNICATIONS DEPARTMENT.

DATE RECEIVED: _____ COUNCIL USE ONLY
COUNCIL SIGNATURE: _____