

# Minor Photo Release Form

Date(s): \_\_\_\_\_

Photographer/Producer: \_\_\_\_\_

Assignment: \_\_\_\_\_

Location: \_\_\_\_\_

Activity: \_\_\_\_\_

A MINOR PHOTO RELEASE FORM must be completed for each minor who will be highlighted in a publication, article, or other media. Minors must have a parent or guardian sign this release for it to be valid.

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.
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 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 of Minor (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Release for Minors (those under the age of eighteen). 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***

***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.***

COUNCIL USE ONLY

DATE RECEIVED: \_\_\_\_\_ COUNCIL SIGNATURE: \_\_\_\_\_