



DATE(S) \_\_\_\_\_  
PHOTOGRAPHER / PRODUCER \_\_\_\_\_  
ASSIGNMENT \_\_\_\_\_  
COUNCIL (IF APPROPRIATE) \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ACTIVITY \_\_\_\_\_

**RELEASE FOR MINORS**

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 Northern Illinois ("GSNI"), others working for GSNI or on its behalf, and each of their 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 GSNI, for any lawful purpose, 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 Releasee.
- 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 the part of GSNI 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 GSNI.

NAME OF MINOR (Please Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ ADDITIONAL PHONE (Optional) (\_\_\_\_) \_\_\_\_\_

**RELEASE FOR MINORS (Those Under the Age of 18):**

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 \_\_\_\_\_

EMAIL ADDRESS OF PARENT/LEGAL GUARDIAN (Will not be used for any other purpose or distributed to third parties.) \_\_\_\_\_