



MEDIA RELEASE FORM

I, _____, hereby consent that my name, image, and likeness, as shown in videotapes, photographs, motion picture film and/or electronic images for which I posed, and/or audio recordings made from my voice may be used by ***Girl Scouts of Suffolk County***, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of New York, on this day _____ (DATE)

PRINT FULL NAME _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

***UPON RECEIPT, PLEASE SIGN AND RETURN TO : Girl Scouts of Suffolk County, 442 Moreland Rd., Commack, NY 11725
Any questions, please call (631) 543-6622 or email girlscouts@gssc.us***