

Media & Photo Release Form

Child/Parent/Caregiver



I consent for myself (or my child) to be photographed, videoed and/or voice recording for the purpose of educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever, including on the internet, in print campaigns, in-store and via television for either the local troop, by Girl Scouts of Suffolk County (GSSC) or Girl Scouts of the USA (GSUSA). I hereby release and hold harmless the local troop, GSSC, or GSUSA for any claim arising from the use of these images.

Date: _____ Girl Scout Activity: _____

Child's Name: _____

Parent/Caregiver's Name: _____

Parent/Caregiver's Signature: _____

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