

## Photo Release for Adults

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

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

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

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

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. I hereby grant to Girl Scouts of Central Maryland (GSCM), and others working for GSCM or on its behalf, and each of its 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 Girl Scouts of Central Maryland, for any purpose (except defamatory) 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 of the Media.

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 Girl Scouts of Central Maryland 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 Girl Scouts of Central Maryland.

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Daytime Phone #: \_\_\_\_\_ Additional Phone# (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(will not be used for any other purposes or distributed to third parties)*

Name of Adult (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

*Any revisions to the text of this Release must first be approved in writing by Girl Scouts of Central Maryland prior to the activity in order for the changes to be effective.*

PLEASE RETURN SIGNED RELEASE TO THE TROOP/GROUP LEADER OR  
DESIGNATED GIRL SCOUT ACTIVITY ORGANIZER