



Adult and Minor Photo Release Form

I hereby give my consent for (name) _____ to appear in photographs taken and used by Girl Scouts of Southern Arizona and its assigns or successors, in publication(s)/media and whatever ways they may desire, including audiovisual productions, television and electronic transmission. Furthermore, I hereby consent that such photographs, digital files and plates from which they are made shall be the property of the Photographer, and the Girl Scouts shall have the right to duplicate, reproduce and make other uses of such photographs and plates for Girl Scout publicity and publications as they may desire, free and clear of any claim whatsoever on my part. The Photographer may not sell the photos without permission of Girl Scouts of Southern Arizona. I am of legal age, and freely sign this release, which I have read and understood.

Signature of Caregiver

Date: Month / Day / Year

Printed Name of Caregiver

Street Address

City, State

Zip Code