

**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 Eastern Pennsylvania ("GSEP"), and others working for GSEP 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 GSEP, 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.

<ol> <li>I shall have no right of approval, no claim to compensal invasion of privacy, defamation or right of publicity) arising out of form of my name, picture, likeness and voice. I agree that nothing the Media or the rights granted in this Release. I hereby release compensation or negligence resulting or arising from any activities.</li> </ol>	if any use, alteration, blurring, illusion ing in this Release will create any ob ase and hold harmless Releasees fr	nary effect or use in any com ligation on GSEP to make ar om any claim for injury,	posite ny use
NAME OF MINOR (please print):	DATE OF	BIRTH OF MINOR/_	_/
ADDRESS:	¥	Lauren and the second	
CITY	STATE	ZIP	500
DAYTIME PHONE NUMBER: ()			
		*	
Release for Minors (those under the age of eighteen): I, the und	dersigned, being a parent or guardia	n of the minor, hereby conse	nt to
the foregoing conditions and warrant that I have the authority to	give such consent.		
*			
NAME OF PARENT/LEGAL GUARDIAN (please print):		L	
SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUI	RED):	<del></del>	
DATE:			
PARENT/LEGAL GUARDIAN EMAIL ADDRESS*:		<u> </u>	<del></del>
(*will not be used for any other purposes or distributed to	third parties)		
	6		
GSEP Use Only			
DATE(S):			s
PHOTOGRAPHER/PRODUCER:			
ASSIGNMENT:		F	
LOCATION:			