



Girl Scouts of Ohio's Heartland
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gsoh.org

DATE(S):
PHOTOGRAPHER/PRODUCER:
ASSIGNMENT:
COUNCIL (IF APPROPRIATE):
LOCATION:
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 Ohio's Heartland, ("GSOH"), and others working for GSOH 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 GSOH, 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 GSOH 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 GSOH.

NAME OF MINOR (please print):
DATE OF BIRTH OF MINOR
ADDRESS:
CITY STATE ZIP
DAYTIME PHONE NUMBER: ( ) ADDITIONAL PHONE (optional) ( )

Release for Minors (those under the age of eighteen): I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

NAME OF PARENT/LEGAL GUARDIAN (please print):
SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUIRED):
DATE:
PARENT/LEGAL GUARDIAN EMAIL ADDRESS\*: @
(\*will not be used for any other purposes or distributed to third parties)

Any revisions to the text of this Release must be approved in writing by GSOH prior to the activity in order for the changes to be effective.

PLEASE RETURN COMPLETED AND SIGNED RELEASE TO AUDIO/VIDEO SERVICES, GSOH

