



DATE(S):

PHOTOGRAPHER/PRODUCER: Camp staff

ASSIGNMENT: Among the Pines

COUNCIL: Girl Scouts of Colorado

LOCATION: Boulder County Fairgrounds

ACTIVITY: day camp

RECEIPT RELEASE FOR MINORS

I, being Parent/Guardian of _____, hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

Please sign!

NAME OF MINOR _____

SIGNATURE OF PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE CO ZIP _____

PHONE NUMBER _____