

Photo/Video Release

IMPORTANT →
Use one form per person. Complete this and return to regional service center.

GSNEO
Central/North Service Center
One Girl Scout Way
Macedonia, OH 44056-2156
330-864-9933
330-467-1901(fax)

GSNEO
North Office
4019 Prospect Ave. #240
216-481-1313
330-467-1901 (fax)

GSNEO
South Service Center
1010 Applegrove St. NW
N Canton, OH 44720
330-433-9485
330-499-4475 (fax)

GSNEO
East Service Center
980 Warren Ave.
Niles, OH 44446
330-652-5876
330-544-7959 (fax)

GSNEO
West Service Center
6111 S. Broadway Ave.
Lorain, OH 44053
440-233-6112
440-233-7393 (fax)

Photo/Video Information

DATE(S): _____
 PHOTOGRAPHER/PRODUCER: _____
 ASSIGNMENT: _____
 COUNCIL (IF APPROPRIATE): _____
 LOCATION: _____
 ACTIVITY: _____

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 North East Ohio, its assigns or successors, in whatever way they desire in accordance with Girl Scout principles, including television; 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.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____,
 on this _____ day of _____, 20_____.

NAME OF MINOR _____
 SIGNATURE OF PARENT/GUARDIAN _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images in which I appear, and/or audio recording made of my voice may be used by Girl Scouts of North East Ohio, its assigns or successors, in whatever way they desire in accordance with Girl Scout principles, including television; furthermore, I hereby consent that such photographs, films, recordings, and 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.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____,
 on this _____ day of _____, 20_____.

NAME (PRINT) _____
 SIGNATURE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER (_____) _____