

4801 S. Biltmore Lane Madison, WI 53718 800-236-2710 gsbadgerland.org

Send completed forms to Badgerland Council, you can either send in the mail or photo or scan and email to communications@gsbadgerland.org

DATE(S): PHOTOGRAPHER/PRODUCER: ASSIGNMENT: LOCATION: ACTIVITY:	
	PHOTO RELEASE FOR ADULTS
For good and valuable consideration, the and agree to the following:	ne receipt and sufficiency of which are hereby acknowledged, I hereby consent
Scouts of Wisconsin-Badgerland (GSWI respective licensees, successors, and as and permission to use, distribute, publi reproduce or otherwise exploit my nam (collectively, "Media"), or to refrain fro appropriate by GSUSA, for any purpose advertising, non-commercial or comme	en (18) years of age or older. I hereby grant Girl Scouts of the USA (GSUSA), Girl B), and others working for GSUSA or GSWIB or on its behalf, and each of its ssigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right ish, exhibit, digitize, broadcast, display, modify, create derivative works of, ne, picture, likeness and voice (including any video footage of the same) m so doing, anywhere in the world, by any persons or entities deemed e (except defamatory) including, without limitation, any use for educational, ercial purposes in any manner or media whatsoever (whether known or hereafter on the internet, in print campaigns, in-store, and via television. I agree that I have Media.
based upon invasion of privacy, defama effect or use in any composite form of create any obligation on GSUSA or GSW release and hold harmless Releasees from	I, no claim to compensation and no claim (including, without limitation, claims ation or right of publicity) arising out of any use, alteration, blurring, illusionary my name, picture, likeness, and voice. I agree that nothing in this Release will VIB to make any use of the Media or the rights granted in this Release. I hereby om any claim for injury, compensation, or negligence resulting or arising from any d any use of the Media by GSUSA or GSWIB.
SIGNATURE (REQUIRED):	
NAME (please print):	
DATE:	<del></del>
EMAIL ADDRESS:	@

(will not be used for any other purposes or distributed to third parties)