

# Photo Release Form for Girl Scout Volunteers

## Photo release form policy:

Photos and videos captured by Girl Scout River Valleys' volunteers (including but not limited to troop leaders and service unit volunteers) can be used to help promote Girl Scouts through communication mediums (including but not limited to): social media platforms, website, e-newsletters, and print publications, or communicate to families about what their girls are accomplishing in Girl Scouts. Girl Scouts River Valleys encourages volunteers to NOT include names when images are used without special permission from the subject of the photos. By signing this form you are providing permission to your Girl Scout volunteer/s to use photos they take of your girl for Girl Scout promotions and communications.

When parents and guardians register their girls to be a Girl Scout member, they understand that "when participating in Girl Scout activities, the registrant may be photographed for print, video, or electronic imaging for the purpose of promotional materials, news releases, or other published formats either for the local Girl Scout council or Girl Scouts of the USA." (From the Girl Scout Registration form).

I, being parent/guardian of \_\_\_\_\_, hereby consent that the photographs, video, and audio recordings for which my girl is the subject taken at Girl Scout activities (including but not limited to: troop meetings, troop outings, and service unit events), may be used by Girl Scouts River Valleys' volunteers in relation to promoting or communicating about Girl Scout activities, including television, radio, print, and electronic uses. I hereby hold Girl Scouts River Valleys' volunteers free and harmless of any and all liability arising out of the materials subsequent publication and use of the resulting materials.

☐ I **DO NOT** give permission for the person listed below to be photographed, interviewed, and/or videotaped by Girl Scouts River Valleys' volunteers.

Name of Girl Scout: \_\_\_\_\_ Age: \_\_\_\_\_ Troop Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please return completed. One copy of this Photo Release Form is to be retained on file by the requestor.*