



## Photo/Video Release Form

Girl Scout Name (First and Last)

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(If applicable\*) Service Unit\*

Troop #\*

Level\*

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Phone

Email

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Address

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City

State

Zip

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I, being the person 18 years of age or older or the parent/caregiver of the minor listed below, hereby consent and grant permission to Girl Scouts of Central Texas (GSCTX), its agents, employees, contractors, and guests, and their assigns or successors, the irrevocable and unrestricted right to reproduce for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium (including but not limited to social media) the following: (1) any videotapes, photographs, motion picture films and/or electronic images taken of me or capturing my image and/or (2) audio recordings made of my/their voice, and/or written transcripts/quotes of my/their spoken or written words (together described as "Images").

Furthermore, I hereby consent that such photographs, films, recordings, transcripts, electronic images, and the plates, tapes, and/or software from which Images are made, shall be their property, and that GSCTX, its agents, employees, contractors, and guests shall have the right to sell, duplicate, reproduce, and make other uses of such Images as they may desire free and clear of any claim whatsoever on my part. I hereby release GSCTX, its agents, employees, contractors, and guests for all claims and liability relating to said Images.

I also grant GSCTX permission to identify me/my Girl Scout with my/their full name in the aforementioned communications.

Signature

Date

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Return photo/video release form to the photographer at event or mail to:

Girl Scouts of Central Texas  
Attn: Director of Marketing  
12012 Park Thirty-Five Circle  
Austin, TX 78753