



DATE(s): _____

PHOTOGRAPHER/PRODUCER: _____

ASSIGNMENT: _____

COUNCIL (IF APPROPRIATE): _____

LOCATION: _____

ACTIVITY: _____

RELEASE FOR ADULTS

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. I hereby grant to Girl Scouts of Greater Mississippi (GSGMS), and others working for GSGMS or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by GSGMS, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.

2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on GSGMS to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by GSGMS.

SIGNATURE: _____

NAME (please print): _____

DATE: _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE: (____) _____ ADDITIONAL PHONE (optional): (____) _____

EMAIL ADDRESS*: _____ @ _____

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

Any revisions to the text of this Release must first be approved in writing by GSGMS prior to the activity in order for the changes to be effective.

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