

ALA CO Girls State Virtual/Media Release Consent Form

1. I, the undersigned, hereby authorize the American Legion Auxiliary Department of Colorado and their respective units to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions) as well as use my name, likeness and city.
2. I authorize the use of any such photographic or electronic reproductions and my name and likeness for any purpose, including, but not limited to, educational and other public media and advertising as may be deemed appropriate by the American Legion Auxiliary Department of Colorado (I understand that I may be identifiable from such photographic or electronic reproduction) for nonprofit public purposes.
3. I understand that I will not be compensated financially for such uses.

Agreed and accepted by:

Print Name _____

Title _____

Address _____

City, State, ZIP _____

Phone _____

Delegates Signature _____ **Date** _____

PARENTAL CONSENT I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorization referred to in this General Media Release.

Signature of Delegate's Parent/Guardian

Date

Address of Parent/Guardian (if different)

(____)_____
Phone Number (if different)

City, State, ZIP Code