AMERICAN LEGION AUXILIARY

Junior Activities



I, (Adult print name)	the parent or
Guardian of: (name of Jr.)	grant the American Legion
Auxiliary, (Jr. group)	have my permission to legally use including
but not limited to publicity, copyrigi	ht purposes, illustration, advertising and web ಆ social
media content.	
Furthermore, I understand that no 1	royalty, fee or other compensation shall become payable
to me by reason of such use.	
Parent / Guardian's Signature:	
Juniors Full name:	
Member #	Phone #
Date This	s form is valid for one year from date of signature