



PERMISSION TO USE PHOTOGRAPHS/VIDEOS

Subject: American Legion Auxiliary Department of Florida Photo/Video Release for Minor Child (legal age in the State of FL is 18 years old)

For Any and all American Legion Auxiliary and Junior Activity Events,

I _____, the Parent or Legal guardian of _____ (child's name) grant to the American Legion Auxiliary, its representatives and employees, the right to take photographs and/or video of the said minor Child and my property in connection with the above identified subject. I authorize the American Legion Auxiliary, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the American Legion Auxiliary may use such photographs/video of said minor Child with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web-related content. This agreement is good from one year of the date signed. I have read and understand the above:

Signature of Guardian: _____

Printed Name of minor child: _____

Date: _____

Phone: _____

Address: _____
