

AMERICAN LEGION AUXILIARY
Department of Florida
Junior Activities



*Junior and Young SAL Member
MEDIA RELEASE*

I, (Adult print name) _____ the parent or Guardian of:

(name of Junior or Young SAL member) _____ grant the American Legion

Auxiliary Department of Florida my permission to use photos taken of the above-mentioned child

to be used on American Legion family social media, newsletters, and websites.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to

me by reason of such use.

Parent / Guardian's Signature: _____

Juniors/Young SAL Member Full name: _____

Member # _____ Phone # _____

Date _____

***This form is valid from date signed until member is 18,
unless parent/guardian contacts the American Legion
Auxiliary Department of Florida to revoke permission.***