

AMERICAN LEGION AUXILIARY
Junior Activities



Junior Member - Department of FL
MEDIA RELEASE

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,
copyright purposes, illustration, advertising and web & social media
content.

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 Full name: _____

Member # _____ Phone # _____