

POLISH SCOUTING ORGANIZATION
of
PHOENIX, ARIZONA

PHOTO RELEASE FORM

I hereby assign and grant to the Polish Scouting Organization of Phoenix Arizona, the right and permission to use and publish the photographs / video tapes / electronic representations and / or sound recordings made of my child
by the Polish Scouting Organization of Phoenix Arizona, and I hereby release the Polish Scouting Organization of Phoenix Arizona, from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and / or distribution of said photographs / films / video tapes / electronic representations and / or sound recordings without limitations at the discretion of the Polish Scouting Organization of Phoenix Arizona and I specifically waive any rights to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name:.....

Parent / Guardian Name:.....

Child Name:.....

Address:.....

City:..... State:..... Zip:.....

Signed:.....

Date:.....