



## PERMISSION TO USE PHOTOGRAPHS/VIDEOS

Subject \_\_\_\_\_

Location \_\_\_\_\_

I grant to the American Legion Auxiliary, its representatives and employees the right to take photographs and/or video of me and my property in connection with the above-identified subject. I authorize the American Legion Auxiliary, its assigns 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 me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web-related content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

(if under age 18)