



The American Legion Dept of Arizona

Photo/Video Media Release Form

I Hereby Authorize The American Legion Department Of Arizona and its affiliates, representatives and those acting pursuant to its authority to: record my likeness and or voice on video, audio, photographic, digital, electronic or any other medium; and to use my name and biographical material in connection with such recordings; in any medium (e.g. print, publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings remain the property of The American Legion Department Of Arizona.

I Certify that I am 18 years of age or older or that my lawful parent/guarding has signed below.

_____ Student _____ Faculty _____ Staff _____ Other

Name of Participant (Please Print) _____ Date _____

Participant address _____ Phone _____

Participant Signature _____

Parent or Guardian Signature (If Participant is under 18 years of age) title _____

Full Name _____

Date _____ E-Mail _____ Phone _____

Home Address _____

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Date _____ Time _____ Event _____