

## **Publicity Release for Minors**

| Photographer/producer/writer:  |
|--|
| Council Contact: Cassandra Phillips, 800-960-2093, cphillips@gslpg.org                 |
| Assignment:  |
| Location:  |
| Dates:   |
| I, being parent/guardian of  |
| IN WITNESS WHEREOF I have heretofore set my hand, in the state of, this day of, (year) |
| <br>Name of girl   |
| Name of parent or guardian (print)   |
| Signature of parent or guardian  |
| Address  |
| City State Zip   |
| Гelephone number   |
| D  |