



Picture Release

I, being the parent or guardian of _____, hereby consent that the photographs for which he posed may be used by the Heart of America Council, Boy Scouts of America, its assigns or successors, in whatever way they may desire, including television. Furthermore, I hereby consent that such photographs and the plates from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce in the form of advertising or otherwise publish and make other uses of such photographs and plates as they may desire – free and clear of any claim whatsoever on my part.

Unit # _____ District _____

Date _____ Signature of Parent/Guardian _____

Address _____

Residence Phone # _____ Business Phone # _____

FOR OFFICE USE ONLY:

Event _____

Date _____

**This form must be
submitted in addition to
the Health Form.**